

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 415601170

Report Date: 01/16/2025

Date Signed: 01/16/2025 01:33:34 PM

### COMPREHENSIVE INSPECTION

Document Has Been Signed on 01/16/2025 01:33 PM - It Cannot Be Edited

|  |   |
|--|---|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360<br>SAN BRUNO, CA 94066 |
| <b>FACILITY EVALUATION REPORT</b>                      |   |

|                         |                             |  |                |
|-------------------------|-----------------------------|--|----------------|
| FACILITY NAME:          | MILLBRAE PARADISE CARE HOME | FACILITY NUMBER:                         | 415601170      |
| ADMINISTRATOR/DIRECTOR: | CHEN, SOPHIA                | FACILITY TYPE:                           | 740            |
| ADDRESS:                | 514 ANITA LANE              | TELEPHONE:                               | (650) 697-2201 |
| CITY:                   | MILLBRAE                    | STATE:                                   | CA             |
| CAPACITY:               | 6                           | ZIP CODE:                                | 94030          |
| TYPE OF VISIT:          | Required - 1 Year           | CENSUS:                                  | 6              |
|                         |                             | DATE:                                    | 01/16/2025     |
|                         |                             | UNANNOUNCED TIME VISIT/INSPECTION BEGAN: | 11:00 AM       |
| MET WITH:               | Administrator - Sophia Chen | TIME VISIT/INSPECTION COMPLETED:         | 02:00 PM       |

| NARRATIVE |  |
|-----------|--|
| 1         | On 01/16/2024, Licensing program Analyst (LPA) Jaime Vado conducted an unannounced required - 1                |
| 2         | year inspection. LPA met with Caregiver Siliilani Leleivuna and explained the purpose of today's visit.        |
| 3         | Currently there are 6 residents and 2 caregivers present. During the visit caregiver called the                |
| 4         | administrator to inform her of LPAs presence. During the visit the administrator Sophia Chen arrived and       |
| 5         | met with LPA.  |
| 6         |  |
| 7         | This is a single level facility with 6 bedrooms for residents. The facility is licensed for age 60 and over. 6 |
| 8         | non-ambulatory. Hospice waiver granted for 3 residents. Currently there are no hospice residents. LPA          |
| 9         | Vado toured the facility both inside and outside. All outdoor and indoor passageway are free and clear of      |
| 10        | obstructions for emergency exit routes in case of fire or emergency. Facility's ambient temperature is         |
| 11        | comfortable for residents and LPA. No pools or bodies of water were observed during today's visit on the       |
| 12        | premises. LPA observed fresh food supplies and emergency one week of nonperishable and two (2)                 |
| 13        | days of perishable foods as in place. There is a freezer located in the garage and a full refrigerator and     |
| 14        | freezer in the kitchen. Canned food supplies are primarily observed as stored in the garage. Knives are        |
| 15        | locked in the kitchen in a drawer and below the sing cleaning supplies are locked. Toxic chemicals are         |
| 16        | stored in the garage primarily. Cleaning supplies and laundry soaps are also locked in the garage.             |
| 17        | Laundry area is in the garage and both the washer and dryer are operational. PPE and incontinence              |
| 18        | supplies are observed to be in place. Medications are locked in the kitchen in a large upper cubbard.          |
| 19        | Each resident room is observed to contain the required furniture as outlined in regulations. Facility has      |
| 20        | functioning smoke detectors and carbon monoxide detectors through out the facility. LPA Observed a             |
| 21        | fire pull station located at the front of the facility near the front door. The facility is equipped with 2.5  |
| 22        | bathrooms. Room 3 contains its own half bath. There are two other full bathrooms with showers in the           |
| 23        | facility. All are observed in good working order for resident use. Water temperature is tested at 110F in      |
| 24        | all three bathroom sinks. There are three fire extinguishers in the facility that is observed with inspection  |
| 25        | tags of 11/20/2024   |

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**NAME OF LICENSING PROGRAM MANAGER:** April Cowan

**NAME OF LICENSING PROGRAM ANALYST:** Jaime Vado

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 01/16/2025

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 01/16/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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SAN BRUNO, CA 94066

## FACILITY EVALUATION REPORT (Cont)

**FACILITY NAME:** MILLBRAE PARADISE CARE HOME

**FACILITY NUMBER:** 415601170

**VISIT DATE:** 01/16/2025

### NARRATIVE

1 Page 2

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LPA observed resident linen supplies in closets. All tubs/shower floors are equipped with non-skid mats when in use. Based on review of all resident files, and medications all items are current and logged accurately. Last fire/disaster drill was conducted on 10/17/2024 per records reviewed. Administrator certificate is observed to be current posted in the facility expiring 08/14/2025. Required signs are posted in the facility.

The following updated forms are being requested to be received by 01/23/2025:

- Copy of updated administrator certificate
- Copy of facility's liability insurance
- LIC308 Designation of responsible staff person
- LIC610E Emergency Disaster Plan
- LIC500 Staff Schedule
- Copy of control of property or copy of lease

There are no citations issued during today's inspection visit. Report is reviewed with Sophia and a copy is provided.

**NAME OF LICENSING PROGRAM MANAGER:** April Cowan

**NAME OF LICENSING PROGRAM ANALYST:** Jaime Vado

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 01/16/2025

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/16/2025