

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 415601170

Report Date: 03/03/2026

Date Signed: 03/04/2026 09:53:57 AM

Document Has Been Signed on 03/04/2026 09:53 AM - It Cannot Be Edited

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

FACILITY NAME: MILLBRAE PARADISE CARE HOME	FACILITY NUMBER: 415601170
ADMINISTRATOR/CHEN, SOPHIA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 514 ANITA LANE	TELEPHONE: (650) 697-2201
CITY: MILLBRAE	STATE: CA
CAPACITY: 6	ZIP CODE: 94030
TYPE OF VISIT: Required - 1 Year	CENSUS: 5
	DATE: 03/03/2026
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 10:00 AM
MET WITH: Administrator - Sophia Chen	TIME VISIT/INSPECTION
	COMPLETED: 02:45 PM

NARRATIVE

1 On 03/03/2026, Licensing program Analyst (LPA) Jaime Vado conducted an unannounced required - 1
2 year inspection. LPA met with administrator Sophia Chen and explained the purpose of today's visit.
3 Currently there are 5 residents and 2 caregivers present, one being the administrator.
4
5 This is a single level facility with 6 bedrooms for residents. The facility is licensed for age 60 and over. 6
6 non-ambulatory. Hospice waiver granted for 3 residents. Currently there is one hospice resident. LPA
7 Vado toured the facility both inside and outside. All outdoor and indoor passageway are free and clear of
8 obstructions for emergency exit routes in case of fire or emergency. Facility's ambient temperature is
9 comfortable for residents and LPA. No pools or bodies of water were observed during today's visit on the
10 premises. LPA observed fresh food supplies and emergency one week of nonperishable and two (2)
11 days of perishable foods as in place. There is a freezer located in the garage and a full refrigerator and
12 freezer in the kitchen. Canned food supplies are primarily observed as stored in the garage. Knives are
13 locked in the kitchen in a drawer and below the sink where cleaning supplies are also locked. Toxic
14 chemicals are stored in the garage primarily and observed as locked. Laundry area is in the garage and
15 both the washer and dryer are operational on this day. PPE and incontinence supplies are observed to
16 be in place. Medications are locked in the kitchen in a large upper cupboard. Each resident room is
17 observed to contain the required furniture as outlined in regulations. Facility has functioning smoke
18 detectors and carbon monoxide detectors through out the facility. LPA Observed a fire pull station
19 located at the front of the facility near the front door. The facility is equipped with 2.5 bathrooms. Room 3
20 contains its own half bath. There are two other full bathrooms with showers in the facility. All are
21 observed in good working order for resident use. Water temperature is tested at 130F in all three
22 bathroom sinks. LPA observed the water heater that was recently serviced and it is turned down to its
23 lowest setting. A fire extinguisher is observed in the kitchen with an inspection tag of 11/20/2024 but the
24 dial indicates that the extinguisher is within the charged range.
25
Continued on next page...

NAME OF LICENSING PROGRAM MANAGER: April Cowan

NAME OF LICENSING PROGRAM ANALYST: Jaime Vado

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/03/2026

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
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FACILITY NAME: MILLBRAE PARADISE CARE HOME

FACILITY NUMBER: 415601170

VISIT DATE: 03/03/2026

NARRATIVE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	Page 2 LPA observed resident linen supplies in closets as in place. 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 11/2025 per records reviewed. Administrator certificate is observed to be current posted in the facility expiring 08/14/2027. Required signs are posted in the facility. The following updated forms are being requested to be received by 03/10/2026: <ul style="list-style-type: none"> • Copy of updated administrator certificate • Copy of facility's liability insurance • LIC308 Designation of responsible staff person • LIC500 Staff Schedule There are no citations issued during today's inspection visit both advisories and technical violation is observed on this day on the attached LIC9102TA and LIC9102TV reports . Report is reviewed with Sophia and a copy is provided on this day.
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NAME OF LICENSING PROGRAM MANAGER: April Cowan	
NAME OF LICENSING PROGRAM ANALYST: Jaime Vado	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 03/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/03/2026
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