

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 415601197

Report Date: 02/27/2026

Date Signed: 02/27/2026 07:06:29 PM

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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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: UNIFIED HEARTS HOME CARE	FACILITY NUMBER: 415601197
ADMINISTRATOR/CHEN, LINA DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 630 VANESSA DR	TELEPHONE: (415) 215-6807
CITY: SAN MATEO	STATE: CA
CAPACITY: 6	ZIP CODE: 94402
TYPE OF VISIT: Post Licensing	CENSUS: 6
	DATE: 02/27/2026
	UNANNOUNCED TIME VISIT/ INSPECTION
	BEGAN: 02:30 PM
MET WITH: John Skaggs, Jim Medrano	TIME VISIT/ INSPECTION
	COMPLETED: 07:15 PM

### NARRATIVE

1 LPA Jeung toured facility and grounds of this two level facility. There are 6 bedrooms--each of which  
2 exits to exterior, 2 bedrooms have full private bathrooms and one has a private half bathroom--two  
3 common full bathrooms, a great room which includes dining area, and kitchen. On the upper level, there  
4 is a large staff bedroom with two bunk beds, large office space, and full bathroom; this level is not used  
5 by residents. Emergency signal system by Smart Caregiver Corp. is installed and consists of pendant  
6 alarms for each bedroom that transmit an audible alert--that also identifies the room of origin--to central  
7 unit in the kitchen. and two pagers Carbon monoxide detectors are present and operable. Clothes  
8 washer and dryer are located in the 2-car garage. Property is level, mostly paved, and fenced.  
9 Medications are stored in locked kitchen cabinet and toxins are stored in garage. It is recommended that  
10 a storage cabinet be installed in garage to secure chemicals. Hot water temperature is tested at 113  
11 degrees in common bathroom. Food preparation and service items are present, as well as non-  
12 perishable fruits, vegetables and protein. Supplies of bed and bath linens and hygiene products are  
13 observed. First aid kit is complete. Staff and client files are reviewed, including Centrally Stored  
14 Medications Records.  
15 Lina Chen holds a valid RCFE administrator certificate (x 1/27), as does assistant administrator John  
16 Skaggs (x 5/27).  
17  
18 Proof of current liability insurance is requested to be sent to CCLD within SEVEN days.  
19  
20 Deficiencies of the California Code of Regulations, Title 22 are cited on following pages. See also  
21 Technical Advisory Notes--5 pages.  
22  
23  
24  
25

NAME OF LICENSING PROGRAM MANAGER: April Cowan  
NAME OF LICENSING PROGRAM ANALYST: Audrey Jeung

**LICENSING PROGRAM ANALYST SIGNATURE:**

DATE: 02/27/2026

**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:**

DATE: 02/27/2026

**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 III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
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**FACILITY NAME:** UNIFIED HEARTS HOME CARE

**FACILITY NUMBER:** 415601197

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 02/27/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/27/2026 Section Cited CCR 87355(c)	1 CRIMINAL RECORD CLEARANCE 2 TRANSFER 3 A licensee or applicant for a license 4 may request a transfer of a criminal 5 record clearance from one state 6 licensed facility to another...by providing 7 ...documents to the Department. This requirement is not met, as criminal record clearance for staff #2 is not yet associated to this facility.	1 Criminal record clearance for staff #2 2 was associated to this facility in LPA's 3 presence. 4 Deficiency corrected and cleared. 5 6 7
	8 Licensee failed to ensure that all staff 9 with client contact maintain criminal 10 record clearance and association to 11 facility, which poses an immediate 12 health or safety risk to clients in care. 13 Staff #2 started working 2/8/26. 14	

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

<b>NAME OF LICENSING PROGRAM</b>	April Cowan
<b>MANAGER:</b>	
<b>NAME OF LICENSING PROGRAM</b>	Audrey Jeung
<b>ANALYST:</b>	



DATE: 02/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

**FACILITY EVALUATION REPORT (Cont)**

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
 COMMUNITY CARE LICENSING DIVISION  
 , 851 TRAEGER AVE., SUITE 360  
 SAN BRUNO, CA 94066

FACILITY NAME: UNIFIED HEARTS HOME CARE

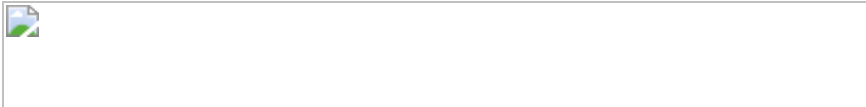
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Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/06/2026 Section Cited CCR 87307(a)	1 PERSONAL 2 ACCOMMODATIONS/SVCS 3 Living accommodations and grounds 4 shall be related to the facility's function. 5 The facility shall be large enough to 6 provide comfortable living 7 accommodations and privacy for the residents, staff, and others... This requirement is not met, as sofa in living room	1 Staff shall cease sleeping in living 2 room. Proof/plan of correction to be 3 sent to CCLD BY DUE DATE, 4 describing how this deficiency has been 5 corrected. 6 7
	8 is used by staff for sleeping at night. 9 Licensee failed to ensure that common 10 areas are reserved for common use, 11 which poses a potential health, safety 12 or personal rights risk to clients in care. 13 14	8 9 10 11 12 13 14
Type B 03/06/2026 Section Cited CCR87465(h)(6)	1 INCIDENTAL MEDICAL CARE 2 A record of centrally stored prescription 3 medications for each resident shall be 4 maintained and include names of the 5 resident for whom prescribed, 6 prescribing physician and pharmacist, 7 drug name, strength and quantity, dates filled, started & expiration, prescription number and	1 Rx and OTC medications for clients #1 2 and #2 are recorded on Centrally 3 Stored Medications Records in LPA's 4 presence. 5 Plan of correction to address this 6 deficiency shall be sent to CCLD BY 7 DUE DATE
	8 instructions. This requirement is not 9 met, as 6 Rx & OTC meds for client #2 10 are not recorded on Centrally Stored 11 Medications REcords, and OTC 12 Robitussin for client #1 is not logged. 13 Licensee failed to ensure that there is a 14 written record of all centrally stored client medications, which poses a potential risk.	8 9 10 11 12 13 14

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**MANAGER:**  
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**ANALYST:**  
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Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/06/2026 <b>Section Cited</b> HSC 1569.626	<b>HEALTH AND SAFETY CODE</b> 1 All RCFEs shall meet the following 2 training requirements.... for all direct 3 care staff: 12 hours of dementia care 4 training, 6 of which shall be completed 5 before a staff member begins working 6 independently with 7 residents...remaining 6 hours of which shall	1 New staff shall receive required 12 2 hours of dementia training and proof of 3 correction to be sent to CCLD BY DUE 4 DATE 5 6 7
	8 be completed within the first 4 weeks of 9 employment. This requirement is not 10 met, as staff #4 has been employed for 11 over 4 weeks, and only received 5 12 hours of dementia training. Licensee 13 failed to ensure that new staff received 14 required dementia training, posing a potential risk to clients.	
Type B 03/06/2026 <b>Section Cited</b> CCR87411(c)(1)	<b>PERSONNEL REQUIREMENTS</b> <b>GENERAL</b> 2 Staff providing care shall receive 3 appropriate training in first aid from 4 persons qualified by such agencies as 5 the American Red Cross. 6 This requirement is not met, as staff #1 7 and #4 do not have proof of current first aid training, which poses a potential	1 Proof of current first aid training for staff 2 #1 and #4 will be sent to CCLD BY 3 DUE DATE 4 5 6 7

8	health, safety, or personal rights risk to	8
9	clients in care.	9
10		10
11		11
12		12
13		13
14		14

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<b>NAME OF LICENSING PROGRAM MANAGER:</b>	April Cowan
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