

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 415601197
Report Date: 05/14/2026
Date Signed: 05/14/2026 05:11:52 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	
FACILITY EVALUATION REPORT			
FACILITY NAME: UNIFIED HEARTS HOME CARE		FACILITY NUMBER:	415601197
ADMINISTRATOR/CHEN, LINA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	630 VANESSA DR	TELEPHONE:	(650) 699-4078
CITY:	SAN MATEO	STATE: CA	ZIP CODE: 94402
CAPACITY: 6		CENSUS: 5	DATE: 05/14/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	02:15 PM
		BEGAN:	
MET WITH:	Lina Chen	TIME VISIT/	
		INSPECTION	05:15 PM
		COMPLETED:	

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 as well as 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 117
11	degrees in common bathroom. Food supplies for 2-day perishable and 7-day non-perishable fruits,
12	vegetables and protein are maintained. 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	Updated Personnel Report (LIC500) is given to LPA today.
19	
20	Deficiencies of the California Code of Regulations, Title 22 are cited on following pages. See also
21	Technical Advisory Note--one page.
22	
23	
24	
25	

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

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/14/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/14/2026

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.

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Link to Parent Document Below:

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: UNIFIED HEARTS HOME CARE	FACILITY NUMBER: 415601197
DEFICIENCY INFORMATION FOR THIS PAGE:	VISIT DATE: 05/14/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)				
	Type B	Section Cited	CCR	87411(f)
Personnel Requirements - General				
(f) All personnel, including the licensee and administrator, shall be in good health, and physically and mentally capable of performing assigned tasks. Good physical health shall be verified by a health screening, including a chest x-ray or an intradermal test, performed by a physician not more than six (6) months prior to or seven (7) days after employment or licensure. A report shall be made of each screening, signed by the examining physician. The report shall indicate whether the person is physically qualified to perform the duties to be assigned, and whether he/she has any health condition that would create a hazard to him/herself, other staff members or residents. A signed statement shall be obtained from each volunteer affirming that he/she is in good health. Personnel with evidence of physical illness or emotional instability that poses a significant threat to the well-being of residents shall be relieved of their duties.				
This requirement is not met as evidenced by:				
	Deficient Practice Statement			
1	Based on review of staff records, the licensee did not comply with the section cited above in 1 out of 4			
2	files reviewed, which poses a potential health, safety or personal rights risk to persons in care.			
3				
4	- staff #3 does not have completed health screening on file			
	POC Due Date: 05/28/2026			
	Plan of Correction			
1	Proof/plan of correction to be sent to CCLD BY DUE DATE			
2				
3				
4				

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

NAME OF LICENSING PROGRAM MANAGER:	April Cowan
NAME OF LICENSING PROGRAM ANALYST:	Audrey Jeung
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 05/14/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 05/14/2026

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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/14/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87411(c)(1)	
Personnel Requirements - General					
(1) Staff providing care shall receive appropriate training in first aid from persons qualified by such agencies as the American Red Cross.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on review of staff records, the licensee did not comply with the section cited above in 1 out of 4 files reviewed, which poses a potential health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 05/28/2026				
	Plan of Correction				
1	Plan/proof of correction will be sent to CCLD BY DUE DATE				
2					
3					
4					
		Section Cited			

	Deficient Practice Statement
1	
2	
3	
4	
	POC Due Date:
	Plan of Correction
1	
2	
3	
4	

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

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