

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 415601211

Report Date: 08/12/2025

Date Signed: 08/12/2025 01:20:01 PM

Document Has Been Signed on 08/12/2025 01:20 PM - It Cannot Be Edited

Table with 2 columns: STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY and CALIFORNIA DEPARTMENT OF SOCIAL SERVICES. Includes title FACILITY EVALUATION REPORT and address: SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066.

Facility details table including: FACILITY NAME: HERITAGE PLACE, ADMINISTRATOR/DIRECTOR: GRATUITO, VILLAROSE, ADDRESS: 152 24TH AVE, SAN MATEO, CA, CAPACITY: 12, TYPE OF VISIT: Prelicensing, MET WITH: Licensee - Katie Eiseman/Administrator Villarose Gratuito, FACILITY NUMBER: 415601211, FACILITY TYPE: 740, TELEPHONE: (650) 573-9472, ZIP CODE: 94403, DATE: 08/12/2025, INSPECTION BEGAN: 10:00 AM, INSPECTION COMPLETED: 02:00 PM.

NARRATIVE

1 On 08/12/2025, Licensing Program Analyst (LPA) Jaime Vado conducted an unannounced prelicensing
2 inspection. LPA met with administrator Villarose Gratuito and new licensee Katie Eiseman and Thomas
3 Eiseman during today's visit. LPA explained the purpose of today's visit.
4
5 LPA was allowed entry into the facility. This is a single level facility approved all residents to be non-
6 ambulatory and 6 hospice residents. The physical plant was toured inside and outside of the facility to
7 ensure the safety of the residents. There are no hospice residents at this time. LPA observed the facility
8 kitchen which is clean and observed appliances are in good repair. Knives are stored and locked in the
9 kitchen in a drawer adjacent to the facility stove. Medications are observed to be locked in a closet with
10 the first aid kit near the dining room. First aid kit is observed as complete with required items. Perishable
11 and non-perishable food items are observed as in place. There are additional refrigerator and freezer in
12 the garage area which also carry additional food supplies. LPA observed that there are multiple fire
13 extinguishers in place inspected 08/2024, smoke detector, carbon monoxide detectors are observed in
14 place through out the facility, and central heating/cooling system. The facility has a full fire sprinkler
15 system through out the facility. PPE and additional food supplies are observed as in place. Laundry area
16 is also observed as fully operational. Emergency exit routes are observed inside and outside to be free
17 and clear of obstructions. Last emergency/disaster drill was conducted on 06/24/2025. Water
18 temperature was measured at 115F in the common full bathroom in the main hallway connecting to the
19 resident rooms.
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21 Continued on next page...
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25

NAME OF LICENSING PROGRAM MANAGER: April Cowan
NAME OF LICENSING PROGRAM ANALYST: Jaime Vado

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 08/12/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 08/12/2025

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	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360
	SAN BRUNO, CA 94066

FACILITY NAME: HERITAGE PLACE

FACILITY NUMBER: 415601211

VISIT DATE: 08/12/2025

NARRATIVE

1	Page 2
2	
3	LPA observed rooms numerous resident rooms and all appeared clean, free of odors, and contained all
4	the required furniture per regulatory recommendations. Residents on the the left side of the hallway
5	have shared half baths. Resident linen supplies are observed as in place in the laundry room. Cleaning
6	supplies are also observed as locked inaccessible to residents in care beneath the kitchen sink and
7	garage. There is a staff room connected to the living room. Administrator certificate is observed as
8	expiring April 2026.
9	
10	Files are reviewed for 8 out of 10 residents. All are current. Files for 4 staff are reviewed as well and all
11	are current.
12	
13	Component 3 is conducted during today's visit.
14	
15	No citations issued.
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17	Report is reviewed with the administrator and licensee a copy is provided on this day. LPA Vado will
18	inform CAB of completion of the prelicensing inspection.
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NAME OF LICENSING PROGRAM MANAGER: April Cowan	
NAME OF LICENSING PROGRAM ANALYST: Jaime Vado	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/12/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/12/2025
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