

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/11/2014** and conducted by Evaluator Julio Montes

PUBLIC**COMPLAINT CONTROL NUMBER: 14-CR-20140411141505**

FACILITY NAME: ELAINE'S GROUP HOME
ADMINISTRATOR: CAMPBELL, INGRID
ADDRESS: 1718 89TH AVENUE
CITY: OAKLAND
CAPACITY: 6

STATE:
CENSUS: 5
UNANNOUNCED

FACILITY NUMBER: 015600326
FACILITY TYPE: 730
TELEPHONE: (510) 569-5558
ZIP CODE: 94621
DATE: 07/23/2014
TIME VISIT BEGAN: 12:20 PM
TIME COMPLETED: 01:20 PM

MET WITH: Kathy Jackson

ALLEGATION(S):

1 Lack of supervision - Staff smoking weed with client.
2
3
4
5
6
7
8
9

INVESTIGATION FINDINGS:

1 LPA Montes made a visit to this location to close investigation on this allegation. During the investigation, LPA
2 collected consistent reports that a staff was smoking marijuana with at least one client. The opportunity has
3 been presented when clients have been in the home alone with one staff, and a lax of supervision over staff by
4 the administrator. Given preponderance of evidence, this allegation is substantiated.
5
6
7
8
9
10
11
12
13

Substantiated**Estimated Days of Completion:**

SUPERVISOR'S NAME: Happy Stuart

TELEPHONE: (650) 266-8889

LICENSING EVALUATOR NAME: Julio Montes

TELEPHONE: (650) 266-8849

LICENSING EVALUATOR SIGNATURE:



DATE: 07/23/2014

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/23/2014

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: ELAINE'S GROUP HOME
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 015600326

VISIT DATE: 07/23/2014

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/25/2014 Section Cited 84087 (c)	1 Building and Grounds. The licensee shall prohibit 2 smoking in the facility and on the ground of the 3 facility. 4 5 <u>Staff smoking with residents in the facility</u> 6 7	1 Effective immediately and not later than 7/25/2014 2 the licensee will develop a plan to monitor and to 3 supervise not only residents but also staff to 4 prevent violations by either one in the home. 5 6 7
Type A 07/25/2014 Section Cited 84064(c)	1 Administrator Qualifications. Administrators shall 2 be on the premises for the number of hours 3 necessary to manage and administer the facility. 4 5 There has been a lapse of supervision when a staff 6 has engaged in inappropriate behavior with the 7 residents. 1 2 3 4 5 6 7 1 2 3 4 5 6 7	1 Effective immediately and not later than 7/25/2014 2 the licensee will develop a plan to monitor and to 3 supervise not only residents but also staff to 4 prevent violations by either one in the home. 5 6 7 1 2 3 4 5 6 7

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

SUPERVISOR'S NAME: Happy Stuart

TELEPHONE: (650) 266-8889

LICENSING EVALUATOR NAME: Julio Montes

TELEPHONE: (650) 266-8849

LICENSING EVALUATOR SIGNATURE:



DATE: 07/23/2014

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/23/2014