

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: LEE FAMILY CARE HOME #3
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 075650107
VISIT DATE: 04/11/2014

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 04/11/2014 Section Cited 80087(g)(1)	1 Buildings and Grounds. Storage areas for firearms 2 and other dangerous weapons shall be locked. 3 Based on witnesses statements S1 has brought a 4 <u>loaded gun into the facility on at least two</u> 5 <u>occasions and left a gun in the facility on at least</u> 6 <u>one occasion.</u> In all instances, clients were present 7 in the home.	1 Immediately the facility shall cease allowing 2 firearms in the facility. Immediate and daily civil 3 penalties applied until corrected as this is a zero 4 tolerance. 5 6 7
Type A 04/11/2014 Section Cited 84300.1(a)(3)	1 Emergency Intervention Prohibition 2 S1 has performed <u>inappropriate restraints on</u> 3 <u>clients C1-C3 that have intentionally produced pain</u> 4 5 6 7	1 Immediately S1 will be excluded from all facilities. 2 Immediate civil penalty applied for injury to clients. 3 Exclusion letter hand delivered to S1. 4 5 6 7
Type A 04/12/2014 Section Cited 84065.5(c)	1 84065.5(c) Staff/Child Ratios. If children require 2 special care and supervision because of age, 3 problem behaviors or other factors, the number of 4 on-duty child care staff shall be increased. 5 6 7	1 Immediately but no later than 4-12-14 the facility 2 will provide C1 with a 1:1 during night hours. Proof 3 to be sent to CCL. 4 5 6 7
Type B 04/12/2014 Section Cited 84065(d)	1 Personnel Requirements 2 staff S3-S7 are not qualified to be alone with clients 3 and have been. They do not qualify as facility 4 managers. 5 6 7	1 By 4-12-14 at least one facility manager to be 2 present at the facility at all times when children are 3 present. Proof to be sent to CCL. 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: Pat Story

TELEPHONE: (408) 324-2112

LICENSING EVALUATOR NAME: Michelle Humbert-Rico

TELEPHONE: (650) 465-2995

LICENSING EVALUATOR SIGNATURE:



DATE: 04/11/2014

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

FACILITY REPRESENTATIVE SIGNATURE:

Original signed

DATE: 04/11/2014