

**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** S & S TLC #2**FACILITY NUMBER:** 071441194**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 10/15/2014

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 10/16/2014 Section Cited 84076(c)	1 84076(c)(1) Food Service. Supplies of staple 2 nonperishable foods for a minimum of one week 3 and fresh perishable foods for a minimum of two 4 days shall be maintained on the premises. 5 <u>The facility does not have a minimum of one week</u> 6 <u>of nonperishable foods.</u> The canned goods do not 7 meet this requirement.	1 By 10-16-14 the facility will maintain nonperishable 2 foods for a minimum of one week and fresh 3 perishable foods for a minimum of two days at all 4 times. Proof to be sent to CCL. 5 6 7
Type A 10/16/2014 Section Cited 80076(a)	1 80076(a)(1) Food Service. Meals shall be at least 2 1/3 of the servings recommended in the USDA 3 Basic Food Group Plan - for the age group served, 4 and that foods shall be selected, stored, prepared 5 and served in a safe and healthful manner. 6 There were <u>expired canned goods</u> from 2010 and 7 2013.	1 By 10-16-14 the facility will certify that all expired 2 food has been removed from the facility. Proof to 3 be sent to CCL. 4 5 6 7
Type A 10/16/2014 Section Cited 80075(b)	1 80075(b)(7) Health Related Services. For every 2 prescription and nonprescription PRN medication 3 for which the licensee provides assistance, there 4 shall be a signed, dated written order from a 5 physician on a prescription blank, maintained in the 6 client's file, and a label on the medication. 7 C2 does not have prescription blanks for the PRN's taken	1 By 10-16-14 the facility will begin to obtain all PRN 2 prescription blanks, per regulations, for C2s PRNs. 3 Proof to be sent to CCL. 4 5 6 7
Type A 10/16/2014 Section Cited 80075(b)	1 Health Related Services The facility is not 2 documenting the PRN's per regulations. C2 is 3 non-verbal & there is no proof that staff contacted 4 the physician prior to each dose, recorded the date 5 & time of each contact w/the physician, & the 6 physician's directions or recorded the date & time 7 the PRN medication was taken, the dosage taken, and the client's response.	1 By 10-16-14 the facility will schedule an all staff 2 PRN medication training to be completed by 3 11-16-14 by an outside vendor. Proof of training to 4 be sent to CCL. 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:** 10/15/2014

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 10/15/2014

## COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: BAYC/ESSER HOUSE  
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 015650072  
VISIT DATE: 06/09/2014

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 06/10/2014 Section Cited 84172 (b)(5)(13)	1 Personal Rights. Residents have the right to attend 2 school and participate in extracurricular, cultural, 3 and personal enrichment activities, consistent with 4 the child's age and developmental level. 5 6 <u>Client has not been attending school</u> 7	1 Effective immediately and not later than 6/11/2014, 2 staff will be enrolled in training regarding level of 3 care, and how to handle difficult residents (to 4 include what to do when refusing to attend school). 5 The training will need to be completed within 30 6 days. 7
Type A 06/11/2014 Section Cited 80072(a)(1)	1 Personal Rights. Each clients has the right to be 2 free from humiliation, intimidation, ridicule, 3 coercion, threats and others. 4 5 <u>Staff spoke inappropriately about client</u> 6 7	1 Effective immediately and not later than 6/11/2014, 2 staff will be enrolled in training regarding personal 3 rights. The training will need to be completed 4 within 30 days. 5 6 7
Type A 06/11/2014 Section Cited 84076(c)(1)	1 Food Service. Supplies of staple nonperishable 2 foods for a minimum of one week and fresh 3 perishable foods for a minimum of two days shall 4 be maintained on the premises. 5 6 <u>Facility lacks the required 2-day perishable and</u> 7 <u>7-day nonperishable food supply</u>	1 Effective immediately and not later than 6/11/2014 2 the facility will supply and maintain the required 3 perishable and non perishable food supply. Facility 4 to provide food receipts to CCL. 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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SUPERVISOR'S NAME: Happy Stuart

TELEPHONE: (650) 266-8889

LICENSING EVALUATOR NAME: Julio Montes

TELEPHONE: (650) 266-8849

LICENSING EVALUATOR SIGNATURE:



DATE: 06/09/2014

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/09/2014

**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** BAYC/ESSER HOUSE  
**DEFICIENCY INFORMATION FOR THIS PAGE:****FACILITY NUMBER:** 015650072  
**VISIT DATE:** 10/29/2014

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 11/07/2014 Section Cited 84061(e)&(f)	<p>1 Reporting Requirements . The licensee shall</p> <p>2 notify the Department, in writing, within ten (10)</p> <p>3 days of any change in the facility administrator, as</p> <p>4 specified by this Regulation (see item f).</p> <p>5 The facility has failed to report change of</p> <p>6 administrator as specified by Regulation</p> <p>7</p>	<p>1 Effective immediately and not later than 11/7/2014</p> <p>2 the facility will submit all the documentation related</p> <p>3 to reporting the change of administrator.</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>
Type A 11/07/2014 Section Cited 84064(e)(1)	<p>1 Administrator Qualifications. Administrators shall</p> <p>2 meet the specific requirements in (A)-(D) of this</p> <p>3 section.</p> <p>4</p> <p>5 Due to the lack of documentation, it cannot be</p> <p>6 determined whether the adminisitrator meets the</p> <p>7 requirements</p>	<p>1 Effective immediately and not later than 11/7/2014</p> <p>2 the facility will submit all the documentation related</p> <p>3 to reporting the change of administrator.</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>
Type A 11/07/2014 Section Cited 84076(c)(1)	<p>1 Food Service. Supplies of staple nonperishable</p> <p>2 foods for a minimum of one week and fresh</p> <p>3 perishable foods for a minimum of two days shall</p> <p>4 be maintained on the premises.</p> <p>5</p> <p>6 <u>Facility lacked the required food supply.</u></p> <p>7</p>	<p>1 Effective immediately and not later than 11/7/2014</p> <p>2 the facility will supply and maintain the required</p> <p>3 perishable and non perishable food supply. Facility</p> <p>4 to provide food receipts to CCL.</p> <p>5</p> <p>6</p> <p>7</p>
Type B 11/21/2014 Section Cited 84022	<p>1 Plan of Operations.</p> <p>2 There are at least one non minor dependant (C1)</p> <p>3 (18YO) has completed High School, and is</p> <p>4 attending adult school at this time.</p> <p>5</p> <p>6</p> <p>7</p>	<p>1 Effective immediately and not later than 11/21/2014</p> <p>2 all NMD who have completed high school, need to</p> <p>3 transition to the corresponding THPP or LISP.</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>

**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:** 10/29/2014**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 10/29/2014

**FACILITY EVALUATION REPORT (Cont)**CCLD Regional Office, 2580 N. FIRST STREET, STE. 350  
SAN JOSE, CA 95131**FACILITY NAME:** CALIFORNIA ANCHOR RESIDENTS #3  
**DEFICIENCY INFORMATION FOR THIS PAGE:****FACILITY NUMBER:** 075650080  
**VISIT DATE:** 05/19/2011

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 05/20/2011 Section Cited 80078	1 Care & Supervision - Staff, referenced as Staff # 1 2 on Lic. # 811 dated 3/30/2011, admitted to taking 3 Client # 4 on Lic. # 811, dated 3/30/2011, to staff's 4 personal residence as a safety measure for Client 5 # 4. Facility is to provide appropriate supervision to 6 ensure client's safety. 7	1 Facility will ensure that this procedure ceases 2 immediately. Facility will provide written 3 documentation to ensure appropriate staffing to 4 ensure supervision and safety of clients in 5 placement. 6 7
Type A 05/20/2011 Section Cited 84078	1 Personal Rights - Staff admitted to locking away 2 food in the main refrigerator as a discipline method 3 when clients acted out. Clients interviewed stated 4 that food was consistently kept locked. This 5 violates the rights of clients in placement. 6 7	1 Facility will immediately cease keeping food locked 2 as a discipline method and ensure that clients have 3 adequate foods in the main refrigerator. 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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**SUPERVISOR'S NAME:** Happy Stuart**TELEPHONE:** (650) 266-8829**LICENSING EVALUATOR NAME:** Judith Brown**TELEPHONE:** (408) 408-2326**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 05/19/2011

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 05/19/2011

**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** CALIFORNIA ANCHOR RESIDENTS #3  
**DEFICIENCY INFORMATION FOR THIS PAGE:****FACILITY NUMBER:** 075650080  
**VISIT DATE:** 08/16/2012

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 08/17/2012 Section Cited 80076(a)(16)	1 80076(a)(1) Food Service. 2 There was WD40 and body washed stored on the 3 same shelf as the food. 4 5 6 7	1 By 8-17-12 all food will stored separate from soaps, 2 detergents, cleaning compounds or similar 3 substances. 4 5 Cleared during inspection. 6 7
Type A 08/17/2012 Section Cited 80076(a)	1 80076(a)(1) Food Service. Meals shall be at least 2 1/3 of the servings recommended in the USDA 3 Basic Food Group Plan - for the age group served, 4 and that foods shall be selected, stored, prepared 5 and served in a safe and healthful manner. 6 There is expired crackers, broth, stuffing, 7 Macaroni and Cheese. (expiration dates range from 6-19-12, 6-29-12, & 4-21-12)	1 By 8-17-12 all expired food will be removed from 2 the facility. Proof to be sent to CCL. 3 4 5 6 7
Type A 08/17/2012 Section Cited 84076(c)	1 84076(c)(1) Food Service. Supplies of staple 2 nonperishable foods for a minimum of one week 3 and fresh perishable foods for a minimum of two 4 days shall be maintained on the premises. 5 The facility is lacking on fresh vegetables (there is 6 one bag of baby carrots) 7	1 By 8-17-12 the facility will maintain the required 2 food supply at all times. Proof to be sent to CCL. 3 4 5 6 7
Type A 08/17/2012 Section Cited 80087(g)	1 80087(g) Buildings and Grounds. Disinfectants, 2 cleaning solutions, poisons, and other items that 3 could pose a danger to clients shall be 4 inaccessible. 5 There is a gardening hoe, shovel, and rake outside 6 accessible in the back yard. 7	1 By 8-17-12 these items will remain inaccessible 2 when not in use. Proof to be sent to CCL. 3 4 Cleared during inspection. 5 6 7

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**SUPERVISOR'S NAME:** Happy Stuart**TELEPHONE:** (650) 266-8829**LICENSING EVALUATOR NAME:** Michelle Humbert-Rico**TELEPHONE:** (650) 465-2995**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/16/2012

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 08/16/2012