

COMPLAINT INVESTIGATION REPORTCCLD Regional Office, 851 TRAEGER AVE., SUITE 360
SAN BRUNO, CA 94066

This is an official report of an unannounced visit/investigation of a complaint received in our office on 12/16/2014 and conducted by Evaluator Julio Montes

PUBLIC**COMPLAINT CONTROL NUMBER: 14-CR-20141216153646**

FACILITY NAME: HERITAGE HOME
ADMINISTRATOR: VENTURA, RODINA
ADDRESS: 14 RED BARN CT.
CITY: OAKLEY
CAPACITY: 6

STATE:
CENSUS: 6
UNANNOUNCED

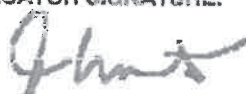
FACILITY NUMBER: 075650113
FACILITY TYPE: 730
TELEPHONE: (925) 679-0845
ZIP CODE: 94561
DATE: 03/24/2015
TIME VISIT BEGAN: 11:46 AM
TIME COMPLETED: 01:45 PM

MET WITH: Rodina Ventura/Alfredo Bonifacio**ALLEGATION(S):**

- 1 Staff forced resident into the bus
- 2 Staff locked resident out of the facility
- 3 Failure to provide timely medical attention
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 LPAs Kistler and Montes made a visit to close allegations.
- 2 On the allegation that staff had used force against the resident, referring to a particular incident when allegedly
- 3 a staff forced a resident into the bus, preponderance of evidence indicates that staff had been using aggressive
- 4 actions to intimidate, force and/or coerce the resident. The allegation is substantiated.
- 5
- 6 On the allegation that staff locked resident out of the facility, preponderance of evidence indicates that staff had
- 7 been using aggressive actions to intimidate, force and/or coerce the resident. The allegation is substantiated.
- 8
- 9 On the allegation that staff failed to provide timely medical attention, the original complaint referred to an
- 10 argument about providing promptly medical attention to the resident after a seizure. During the course of the
- 11 investigation, it came to light that the staff had failed to provide medical attention to the resident. Based on this
- 12 information, preponderance of evidence indicates that facility failed to provide timely medical attention. The
- 13 allegation is substantiated.

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Glenn A Schnell**TELEPHONE:** (408) -32-2116**LICENSING EVALUATOR NAME:** Julio Montes**TELEPHONE:** (650) 266-8349**LICENSING EVALUATOR SIGNATURE:****DATE:** 03/24/2015

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 03/24/2015

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

LIC9099 (FAS) - (06/04)

Page: 1 of 4

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: HERITAGE HOME
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 075650113
VISIT DATE: 03/24/2015

Deficiency Type POC Due Date Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/25/2015 Section Cited 84072(c)(15)	1 Personal Rights. Personal rights include the right to 2 be free from physical, sexual, emotional, or other 3 abuse, and corporal punishment. 4 5 <u>Staff forced resident into the bus</u> 6 7	1 facility to develop a plan to ensure training and 2 supervision to staff to prevent this situation from 3 reoccurring. 4 5 6 7
Type A 03/25/2015 Section Cited 84072(c)(13)	1 Personal Rights. Personal rights include dignity in 2 personal relationships with staff and other persons. 3 4 5 <u>Staff locked resident out of the facility</u> 6 7	1 facility to develop a plan to ensure training and 2 supervision to staff to prevent this situation from 3 reoccurring. 4 5 6 7
Type A 03/25/2015 Section Cited 84072(c)(13)	1 Personal Rights. Personal Rights include medical, 2 dental, vision, and mental health services. 3 4 <u>Failure to provide timely medical attention</u> 5 6 7	1 facility to develop a plan to ensure training and 2 supervision to staff to prevent this situation from 3 reoccurring. 4 5 6 7
	1 2 3 4 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: Glenn A Schnell

TELEPHONE: (408) -32-2116

LICENSING EVALUATOR NAME: Julio Montes

TELEPHONE: (650) 266-8849


LICENSING EVALUATOR SIGNATURE:



DATE: 03/24/2015

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/24/2015

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** CALIFORNIA ANCHOR RESIDENTS #3
DEFICIENCY INFORMATION FOR THIS PAGE:**FACILITY NUMBER:** 075650080
VISIT DATE: 04/17/2013

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 04/17/2013 Section Cited 84085.2(b)	<p>1 84085.2(b)(1) Personnel Duties. Child care staff shall perform supervision, protection and care of children individually and in groups.</p> <p>2 On March 10, 2013 C1 was under the influence of methamphetamine at 2:00 AM. Staff was made aware that C1 was found with a known drug dealer, and was informed C1 was under</p> <p>3 the influence. C1 was not provided medical treatment until 9:00 AM when the change of shift occurred.</p>	<p>1 Immediately the facility will schedule to retrain all staff on the plan to provide adequate supervision to respond to an emergency situation, no later than 5-2-13. Immediate and daily civil penalties applied until corrected as the facility has been cited for this subsection two times in 12 months. Proof to be sent to CCL.</p>
Type A 04/18/2013 Section Cited 80075(b)	<p>1 80075(b)(5)(C) Health Related Services. The PRN medication record shall include the date and time the PRN prescription and nonprescription medication was taken, the dosage taken, and the client's response.</p> <p>2 PRN medications are not being recorded including C1's insulin dosage.</p>	<p>1 By 4-18-13 the facility will schedule an all staff training to be completed no later than 5-2-13 on recording PRN medications and C1's insulin. Proof to be sent to CCL.</p>
Type A 04/18/2013 Section Cited 80019(e)	<p>1 80019(e)(2) Criminal Record Clearance. All individuals subject to a criminal record review shall, prior to working, residing or volunteering in a licensed facility, request a transfer of a criminal record clearance.</p> <p>2 Alpheasha Flemmings is not associated to the facility, but is associated to a sister facility in San Jose.</p>	<p>1 By 4-18-13 all employees will be cleared and associated prior to working at the facility. Proof to be sent to CCL.</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) 266-8829**LICENSING EVALUATOR NAME:** Michelle Humbert-Rico**TELEPHONE:** (650) 465-2995**LICENSING EVALUATOR SIGNATURE:**

DATE: 04/17/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/17/2013

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** CALIFORNIA ANCHOR RESIDENTS #3
DEFICIENCY INFORMATION FOR THIS PAGE:**FACILITY NUMBER:** 075650080
VISIT DATE: 04/26/2011

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 04/26/2011 Section Cited 80075(a)	<p>1 80075(a) Health Related Services. Each client shall receive necessary first aid and medical or dental services, including arrangement for and/or provision of transportation to the nearest available service</p> <p>2</p> <p>3</p> <p>4</p> <p>5 C3 was beat up in her room on 4-16-11 and hit in the head with a trophy. Medical treatment was not received until the next day.</p> <p>6</p> <p>7</p>	<p>1 IMMEDIATELY the facility will come up with a procedure so that all clients receive medical treatment within a timely manner to include when clients refuse medical treatment. An immediate and daily civil penalty will be applied until corrected as the facility has been cited for this within a 12 month period.</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>
Type A 04/26/2011 Section Cited 80022(h)	<p>1 Plan of operation:</p> <p>2 The facility is not complying with the noncomplacne plan of 9-13-10 to have one additional staff during waking hours when clients are present. There were 5 clients and two staff present when LPA arrived.</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1 Immediately, the facility will comply with the noncompliance plan and submit a schedule to include coverage on when staff need to be away from the facility. Plan to be submitted to CCL.</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>
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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) 266-8829**LICENSING EVALUATOR NAME:** Michelle Humbert-Rico**TELEPHONE:** (650) 465-2995**LICENSING EVALUATOR SIGNATURE:****DATE:** 04/26/2011


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