CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION

CCLD Regional Office. 651 TRAEGER AVE., SUITE 360 SAN BRUNG CA 94036

FACILITY EVALUATION REPORT

FACILITY NAME: HERITAGE HOME ADMINISTRATOR: VENTURA, RODINA ADDRESS: 14 RED BARN CT.

OAKLEY

CAPACITY: TYPE OF VISIT: MET WITH:

CITY:

Case Management Alfredo Bonifacio

FACILITY NUMBER:

FACILITY TYPE:

TELEPHONE: ZIP CODE:

TIME BEGAN:

(925) 679-0845

94561 07/09/2015

075650113

730

TIME COMPLETED:

DATE:

10:30 AM 11:05 AM

NARRATIVE

LPA Kistier made an unannounced case management visit. During review of client files it was discovered that C1 (see confidential names list dated 7/9/15) was given Benadryl on at least thirty documented occasions to control agitation and/or aggressive behavior.

STATE: CA

CENSUS: 6

UNANNOUNCED

See LIC 809-D for deficiencies cited per California Code of Regulations, Title 22.

Appeal rights were discussed and provided. Exit interview conducted.

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SUPERVISOR'S NAME: Glann A Schnell

TELEPHONE: (408) 324-2116

TELEPHONE: (408) 406-2326

LICENSING EVALUATOR SIGNATURE:

LICENSING EVALUATOR NAME: Katie L Kistler

DATE: 07/09/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/09/2015

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

LICE09 (FAS) - (06'04)

Pega: 1 of 2

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION

CCLD Regional Office, 851 TRAEGER AVE., SUITE 350 SAM BRUNO, CA 94065

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: HERITAGE HOME DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY	NUM	BER: (7565011	3
V	ISIT	DATE:	07/09/201	5

Deficiency Type POC Due Date; Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 07/10/2015 Section Cited 84300.1(a)(7)	1234567 8901121314 1234567 12	assaultive beneavor.	1234567 B910112134 1234567 12	Facility agreed to immediately stop the use of behavior modifying drugs to control client behaviors. Facility has already a scheduled a staff meeting for July 15th, 2015. Licensec agreed to gover Emergency Intervention Prohibition. Proof of staff meeting will be sent to CCL within 24 hours of staff meeting.
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Failure to correct the cited deficiency(les), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Glenn A Schnell

27.1

TELEPHONE: (408) 324-2116

LICENSING EVALUATOR NAME: Katie L Kistler

TELEPHONE: (408) 406-2326

LICENSING EVALUATOR SIGNATURE:

DATE: 07/09/2015

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

FACILITY REPRESENTATIVE SIGNATURE:

3-

DATE: 07/09/2015