

**COMPLAINT INVESTIGATION REPORT**CCLD Regional Office, 951 TRAISER AVE., SUITE 300  
SAN BRUNO, CA 94068

This is an official report of an unannounced visit/investigation of a complaint received in our office on  
03/20/2015 and conducted by Evaluator Katie L Kistler

**COMPLAINT CONTROL NUMBER: 14-CR-20150320092315**

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

**FACILITY NUMBER:** 075350113  
**FACILITY TYPE:** 730  
**TELEPHONE:** (925) 679-0845  
**ZIP CODE:** 94561  
**DATE:** 06/23/2015  
**TIME VISIT BEGAN:** 09:45 AM  
**TIME COMPLETED:** 10:45 AM

**MET WITH:** George Clamor

**STATE:**  
**CENSUS:** 6  
UNANNOUNCED

**ALLEGATION(S):**

- 1 Staff intimidated and threatened client
- 2 Staff physically abused and used corporal punishment on client
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**INVESTIGATION FINDINGS:**

- 1 LPA Kistler met with George Clamor to deliver the findings of the above allegations. This investigation was
- 2 conducted by Investigator Cari Farquhar of the Investigations Branch. Interviews were conducted, video
- 3 evidence and paperwork was reviewed. Video evidence showed a staff member physically abusing and using
- 4 corporal punishment on a client. The video also showed the staff member using an object to "whip" the air near
- 5 a client to intimidate and/or threaten them. Based on the preponderance of evidence the above allegations are
- 6 substantiated. See 9099-D for deficiencies cited per California Code of Regulations, Title 22. Civil penalties for
- 7 repeat violation and injury to client were assessed.
- 8
- 9 Exit interview was conducted. Appeal Rights explained and provided.
- 10
- 11
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- 13

**Substantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** Glenn A Schnell**TELEPHONE:** (408) 324-2116**LICENSING EVALUATOR NAME:** Katie L Kistler**TELEPHONE:** (408) 406-2326**LICENSING EVALUATOR SIGNATURE:****DATE:** 06/23/2015

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 06/23/2015

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

**COMPLAINT INVESTIGATION REPORT (Cont)**

FACILITY NAME: HERITAGE HOME  
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 075650113  
VISIT DATE: 06/23/2015

Deficiency Type POC Due Date Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 06/24/2015 Section Cited 84072(c)(15)	1 84072(c)(15) Personal Rights. Personal rights 2 include the right to be free from physical, sexual, 3 emotional, or other abuse, and corporal 4 punishment. 5 <u>Staff member was recorded on video physically</u> 6 <u>abusing a client at the home.</u> 7	1 Staff member is no longer with facility. Immediate 2 exclusion has been issued and administrative 3 action is pending. By 6/24/15, facility will schedule 4 mandatory staff training by an outside vendor, 5 covering client personal rights. This training shall 6 be held by 7/24/15, proof of training to be 7 submitted to CCL. Facility will be scheduled for a non-compliance conference.
Type A 06/24/2015 Section Cited 84072(c)(13)	1 84072(c)(13) Personal Rights. Personal rights 2 include dignity in personal relationships with staff 3 and other persons. 4 Staff member was recorded on video 5 <u>threatening intimidating a client by using an object</u> 6 <u>to whip the air next to the client.</u> 7	1 Staff member is no longer with facility. Immediate 2 exclusion has been issued and administrative 3 action is pending. By 6/24/15, facility will schedule 4 mandatory staff training by an outside vendor, 5 covering client personal rights. This training shall 6 be held by 7/24/15, proof of training to be 7 submitted to CCL. Facility will be scheduled for a non-compliance conference.
Type A 06/24/2015 Section Cited 80061(b)(1)(F)	1 80061(b)(1)(F) Reporting Requirements Any 2 suspected physical or psychological abuse of any 3 client. 4 At least one staff member was aware that the 5 abuse was taking place and did not report the 6 information to relevant parties. 7	1 By 6/24/15, facility will schedule mandatory staff 2 training by an outside vendor, covering mandated 3 reporting. This training shall be held by 7/24/15, 4 proof of training to be submitted to CCL. Facility will 5 be scheduled for a non-compliance conference. 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) 324-2116

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LICENSING EVALUATOR SIGNATURE:



DATE: 06/23/2015

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