STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Orange CCL, 770 The City Drive, Suite 7100
Orange, CA 92868

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/05/2008** and conducted by Evaluator Betty Smith

PUBLIC **COMPLAINT CONTROL NUMBER:** 22-SC-20080805110141

FACILITY NAME:	SUMMERVILLE AT FAIRWOOD MANOR		**FACILITY NUMBER:**	306002915
ADMINISTRATOR:	DONOVAN MAUGA		**FACILITY TYPE:**	740
ADDRESS:	200 N. DALE STREET		**TELEPHONE:**	(714) 761-5771
CITY:	ANAHEIM	**STATE:**	**ZIP CODE:**	92801
CAPACITY:	140	**CENSUS:**	**DATE:**	08/08/2008
		UNANNOUNCED	**TIME VISIT BEGAN:**	09:44 AM
MET WITH:	Dan Cooper, Administrator		**TIME COMPLETED:**	02:00 PM

ALLEGATION(S):

1 Lack of care & supervision: There are not enough staff/caregivers to provide appropriate care and supervision
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INVESTIGATION FINDINGS:

1 Licensing Program Analyst, (LPA) Betty Smith made an unannounced complaint visit and met with Dan
2 Cooper, Director.
3 Interviews revealed on one occasion at approximately 10 p.m. a resident was waiting outside for at least 15
4 minutes to be let in the building. She was finally let in after a visitor was leaving the building. It was also
5 reported residents are not being bathed as scheduled and the caregiver is signing off as if resident is being
6 bathe. It was also report resident #3 (see LIC 811) is in need of an increase in bathing due to incontinance and
7 odor. Currently there are only two caregivers during the 11 p.m. to 7 a.m. shift.
8 It was also reported several of residents (see LIC 811) may need a higher level of care. LPA reviewed the
9 resident's file and found the physician's reports are in need of an update.
10 Based on the preponderance of evidence, the above allegation is determined substantiated. An exit interview
11 was conducted along with appeal rights.
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Substantiated **Estimated Days of Completion:**

SUPERVISOR'S NAME: Lisa Jeffers **TELEPHONE:** (714) 703-2870

LICENSING EVALUATOR NAME: Betty Smith **TELEPHONE:** (714) 335-7094

LICENSING EVALUATOR SIGNATURE:

DATE: 08/08/2008

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/08/2008

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

All POC Have Been Cleared

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CLEARED DEFICIENCIES

FACILITY NAME: SUMMERVILLE AT FAIRWOOD MANOR

FACILITY NUMBER: 306002915

VISIT DATE: 08/08/2008

POC Due Date / Section Number		PLAN OF CORRECTIONS(POCs)		Date Cleared / Comments
08/09/2008 87464(f)	1 2 3 4 5 6 7	Administration agreed to increase the supervision to three (3) caregivers during the 11 p.m. to 7 a.m. shift; ensure there are five (5) caregivers during 7 a.m. - 3 p.m.; and to ensure 4 caregivers on the 2:30 p.m. - 10:30 p.m. shift.	1 2 3 4	09/15/2008 An additional caregiver was provided during the 11 p.m. to 7 a.m. shift on 8-9-08. Phsycian reports were provided for residents listed on LIC 811 on 9-5-08
	8 9 10 11 12 13 14	Physicians reports will be updated for the residents listed on LIC 811. Resident #3 will increase bathing due to incontinence and odor.	1 2 3 4	
Section Cited	1 2 3 4 5 6 7		1 2 3 4	
Section Cited	1 2 3 4 5 6 7		1 2 3 4	

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: SUMMERVILLE AT FAIRWOOD MANOR
FACILITY NUMBER: 306002915
DEFICIENCY INFORMATION FOR THIS PAGE:
VISIT DATE: 07/18/2008

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/19/2008 **Section Cited** 87458(a)(b)(1)	1 2 3 4 5 6 7 MEDICAL ASSESSMENT Resident #3 & 7 are in need of a reassessment on self administering their own medication.	1 2 3 4 5 6 7 The facility will reassess residents by the nurse on the resident's ability to administer own medication today. Medical assessments for resident #3 & 7 will be conducted by 7-25-08. Exposed medication will be discarded and medication will be properly stored for resident #7.
Type A 07/19/2008 **Section Cited** 87355(e)	1 2 3 4 5 6 7 CRIMINAL RECORD CLEARANCE Staff #1 & 6 are not associated to this facillity or any ofther summerville facilities. Civil penalty is bieng assess.	1 2 3 4 5 6 7 Staff #4 & 6 will not have resident contact until association and verification of criminal record clearance is complete. The facility will contact CCL to verify association and clearance has taken place.
Type A 07/19/2008 **Section Cited** 87303(c)	1 2 3 4 5 6 7 MAINTENANCE & OPERATIONS The water temperature measured in the resident's bathroom is above the allowable limit of 120 degrees.	1 2 3 4 5 6 7 The water temperature was turned down during the time of visit. A water temperature log will be maintained to ensure to stays within the allowable limit of 105 - 120 degrees.
	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: Lisa Jeffers
TELEPHONE: (714) 703-2870

LICENSING EVALUATOR NAME: Betty Smith
TELEPHONE: (714) 335-7094

LICENSING EVALUATOR SIGNATURE:

DATE: 07/18/2008

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/18/2008