STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCSC, 851 Traeger Ave., Ste 360
San Bruno, CA 94066

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/29/2008** and conducted by Evaluator John Farris

COMPLAINT CONTROL NUMBER: 14-SC-20080429172148

FACILITY NAME:	LANDMARK VILLA		**FACILITY NUMBER:**	015600320
ADMINISTRATOR:	BOWERS, ROCSANA		**FACILITY TYPE:**	740
ADDRESS:	21000 MISSION BLVD.		**TELEPHONE:**	(510) 276-2872
CITY:	HAYWARD	**STATE:**	**ZIP CODE:**	94541
CAPACITY:	140	**CENSUS:**	**DATE:**	04/30/2008
		UNANNOUNCED	**TIME VISIT BEGAN:**	01:08 PM
MET WITH:	Balkish Pattar		**TIME COMPLETED:**	01:09 PM

ALLEGATION(S):

1 No current First Aid Certificates for some of the Caregivers
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INVESTIGATION FINDINGS:

1 After Reviewing All Caregiver Files found (2) of the employees did not poseess current First Aid Certificates.
2 The Allegation is Substatiated.
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Substantiated **Estimated Days of Completion:**

SUPERVISOR'S NAME: Pam Gill **TELEPHONE:** (650) 266-8800

LICENSING EVALUATOR NAME: John Farris **TELEPHONE:** (650) 266-8800

LICENSING EVALUATOR SIGNATURE:

DATE: 04/30/2008

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/30/2008

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

COMPLAINT INVESTIGATION REPORT (Cont)

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FACILITY NAME: LANDMARK VILLA
FACILITY NUMBER: 015600320
DEFICIENCY INFORMATION FOR THIS PAGE:
VISIT DATE: 04/30/2008

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 05/30/2008 **Section Cited** 87575(a)(9)(A)	INCIDENTAL MEDICAL AND DENTAL CARE 87575(a)(9)(A) The first aid cards for some of the staff are expired. Esmeralda Quevedo La Quida Rucker	By 05/30/08, all first aid cards shall be updated.

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: Pam Gill
TELEPHONE: (650) 266-8800

LICENSING EVALUATOR NAME: John Farris
TELEPHONE: (650) 266-8800

LICENSING EVALUATOR SIGNATURE:

DATE: 04/30/2008

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/30/2008