

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 107206939

Report Date: 10/29/2020

Date Signed: 10/30/2020 10:02:56 AM

## Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1314 E SHAW AVE FRESNO, CA 93710
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/06/2020** and conducted by Evaluator See Moua

PUBLIC	COMPLAINT CONTROL NUMBER: 24-AS-20200506162230
<b>FACILITY NAME:</b> KINGSTON BAY SENIOR LIVING	<b>FACILITY NUMBER:</b> 107206939
<b>ADMINISTRATOR:</b> PAIGE WILLIAMSON	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 6161 W SPRUCE AVE	<b>TELEPHONE:</b> (559) 479-4700
<b>CITY:</b> FRESNO	<b>STATE:</b> CA <b>ZIP CODE:</b> 93722
<b>CAPACITY:</b> 128	<b>CENSUS:</b> 70 <b>DATE:</b> 10/29/2020
<b>MET WITH:</b> Paige Williamson, Administrator	<b>UNANNOUNCED TIME BEGAN:</b> 09:23 AM <b>TIME COMPLETED:</b> 09:24 AM

### ALLEGATION(S):

1	Staff did not administer medications as prescribed by a physician.
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) S. Moua contacted the facility via telephone to commence a
2	subsequent complaint investigation via telephone due to COVID-19 and pre-cautionary measures. LPA
3	identified herself and discussed the allegation and findings with Administrator Paige A Williamson.
4	
5	Facility staff and residents were interviewed. Staff and resident confirmed that resident's morning
6	medications were administered more than an hour after the prescribed time because there was only one
7	Med-Tech on duty on 5/6/2020 and she fell behind. Medications were not administered as prescribed.
8	The preponderance of evidence standard has been met, therefore the above allegation is found to be
9	SUBSTANTIATED. See citation on the attached LIC. 9099D. Exit Interview was conducted and Appeal
10	Rights were provided.
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Substantiated

Estimated Days of Completion:

<b>SUPERVISOR'S NAME:</b> Andy Xiong	<b>LICENSING EVALUATOR NAME:</b> See Moua
<b>LICENSING EVALUATOR SIGNATURE:</b>	
<b>DATE:</b> 10/29/2020	

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 10/29/2020
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**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 3

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<b>MET WITH:</b> Paige Williamson, Administrator	<b>UNANNOUNCED TIME BEGAN:</b> 09:23 AM
	<b>TIME COMPLETED:</b> 09:24 AM

**ALLEGATION(S):**

1	Insufficient staff to meet residents' needs.
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) S. Moua contacted the facility via telephone to commence a subsequent complaint investigation via telephone due to COVID-19 and pre-cautionary measures. LPA identified herself and discussed the allegation and findings with Administrator Paige A Williamson.
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5	Facility staff and residents were interviewed. Residents that were interviewed denied that needs are not being met. Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did occur, therefore the allegation is Unsubstantiated. Exit Interview conducted.
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**Unsubstantiated**

**Estimated Days of Completion:**

<b>SUPERVISOR'S NAME:</b> Andy Xiong	<b>LICENSING EVALUATOR NAME:</b> See Moua
<b>LICENSING EVALUATOR SIGNATURE:</b>	
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<b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	

**FACILITY NAME:** KINGSTON BAY SENIOR LIVING**DEFICIENCY INFORMATION FOR THIS PAGE:****FACILITY NUMBER:** 107206939**VISIT DATE:** 10/29/2020

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 10/30/2020 <b>Section Cited</b> CCR 87465(a)(2)	<p>1 Incidental Medical and Dental Care The licensee shall provide assistance in meeting necessary medical and dental needs. This requirement was not met as evidenced by:</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1 Administrator agree to conduct In-Service training to staff regarding administering medications on time.</p> <p>2 POC will be submitted to the CCL Office by the due date.</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>
	<p>8 Based on interviews conducted, the facility failed to administer residents' morning medications as prescribed by a physician, which poses an Immediate Health and Safety risk to the residents in care.</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p>	<p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p>
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>	<p>1</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.

<b>SUPERVISOR'S NAME:</b> Andy Xiong	
<b>LICENSING EVALUATOR NAME:</b> See Moua	
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<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
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