

Department of

# SOCIAL SERVICES

*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

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 24-AS-20200506162230</b>
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<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>ZIP CODE:</b> 93722
<b>CAPACITY:</b> 128	<b>DATE:</b> 10/29/2020
<b>STATE:</b> CA	<b>TIME BEGAN:</b> 09:23 AM
<b>CENSUS:</b> 70	<b>TIME COMPLETED:</b> 09:24 AM
<b>UNANNOUNCED</b>	
<b>MET WITH:</b> Paige Williamson, Administrator	

**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.
11	
12	
13	

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISOR'S NAME:** Andy Xiong  
**LICENSING EVALUATOR NAME:** See Moua  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 10/29/2020

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 10/29/2020

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

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

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20200506162230

**FACILITY NAME:** KINGSTON BAY SENIOR LIVING

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**ADMINISTRATOR:** PAIGE WILLIAMSON

**FACILITY TYPE:** 740

**ADDRESS:** 6161 W SPRUCE AVE

**TELEPHONE:** (559) 479-4700

**CITY:** FRESNO

**STATE:** CA

**ZIP CODE:** 93722

**CAPACITY:** 128

**CENSUS:** 70

**DATE:** 10/29/2020

**MET WITH:** Paige Williamson, Administrator

**UNANNOUNCED**

**TIME BEGAN:** 09:23 AM

**TIME**

**COMPLETED:** 09:24 AM

### ALLEGATION(S):

- 1 Insufficient staff to meet residents' needs.
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

### 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. Residents that were interviewed denied that needs are not
- 6 being met. Although the allegation may have happened or is valid, there is not a preponderance of
- 7 evidence to prove the alleged violation did occur, therefore the allegation is Unsubstantiated. Exit
- 8 Interview conducted.
- 9
- 10
- 11
- 12
- 13

**Unsubstantiated**

**Estimated Days of Completion:**

**SUPERVISOR'S NAME:** Andy Xiong  
**LICENSING EVALUATOR NAME:** See Moua  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 10/29/2020

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<b>COMPLAINT INVESTIGATION REPORT</b> <b>(Cont)</b>	

**FACILITY NAME:** KINGSTON BAY SENIOR LIVING

**FACILITY NUMBER:** 107206939

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**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)	1 Incidental Medical and Dental Care The 2 licensee shall provide assistance in 3 meeting necessary medical and dental 4 needs. This requirement was not met 5 as evidenced by: 6 7	1 Administrator agree to conduct In- 2 Service training to staff regarding 3 administering medications on time. 4 POC will be submitted to the CCL 5 Office by the due date. 6 7
	8 Based on interviews conducted, the 9 facility failed to administer residents' 10 morning medications as prescribed by a 11 physician, which poses an Immediate 12 Health and Safety risk to the residents 13 in care. 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 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.

<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 appeal rights as explained and received.		
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>		<b>DATE:</b> 10/29/2020