

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 015600255  
Report Date: 05/22/2025  
Date Signed: 05/22/2025 02:58:29 PM

### Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/10/2024** and conducted by Evaluator Gregory Clark

	<b>COMPLAINT CONTROL NUMBER: 15-AS-20240410105909</b>
--	---

<b>FACILITY NAME:</b> MERCY RETIREMENT & CARE CENTER	<b>FACILITY NUMBER:</b> 015600255
<b>ADMINISTRATOR:</b> DAVIS, JOSEPHINE I	<b>FACILITY TYPE:</b> 741
<b>ADDRESS:</b> 3431 FOOTHILL BOULEVARD	<b>TELEPHONE:</b> (510) 534-8540
<b>CITY:</b> OAKLAND	<b>ZIP CODE:</b> 94601
<b>CAPACITY:</b> 160	<b>DATE:</b> 05/22/2025
	<b>UNANNOUNCED TIME BEGAN:</b> 02:00 PM
<b>MET WITH:</b> Kathleen McCarron, Administrator	<b>TIME COMPLETED:</b> 02:30 PM

#### ALLEGATION(S):

1	Staff did not provide adequate supervision resulting in a resident sustaining multiple falls
2	
3	
4	
5	
6	
7	
8	
9	

#### INVESTIGATION FINDINGS:

1	On 05/22/2025 at 2:00 PM, Licensing Program Analysts (LPAs) Greg Clark and Ardalan Gharachorloo
2	arrived unannounced to deliver findings in regard to the allegation above. LPA met with Kathleen
3	McCarron, Administrator and explained the purpose of the visit.
4	
5	During the course of the investigation the department interviewed W1, facility staff, facility residents,
6	hospice staff and W2. The department also reviewed R1's medical records.
7	
8	R1 was admitted to the facility on 12/28/23 because his health was deteriorating due to prostate cancer.
9	R1 was on hospice at time of admission.
10	
11	Review of R1's medical records document that R1 sustained approximately 7 falls within a 13-day span
12	resulting in multiple injuries and at least two hospital visits. Also documented in R1's medical records
13	were that he was a fall risk, and that the facility should take measures to monitor his level of care to
	mitigate the risk of injuries from falls.
	***CONTINUES ON 9099C***

**Substantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Yvonne Flores-Larios  
**NAME OF LICENSING PROGRAM ANALYST:** Gregory Clark  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 05/22/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 05/22/2025

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

**Control Number** 15-AS-20240410105909

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1515 CLAY STREET, STE. 310  
OAKLAND, CA 94612

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** MERCY RETIREMENT & CARE CENTER

**FACILITY NUMBER:** 015600255

**VISIT DATE:** 05/22/2025

### NARRATIVE

1 \*\*\*CONTINUES FROM 9099\*\*\*

2

3 The department interviewed staff who stated they were aware that R1 was a fall risk but were never  
4 given any instructions from management to change the level of care they were providing to R1. Staff  
5 stated that they performed random checks on R1 every hour or two hours at most or more frequent  
6 whenever they got the chance but there was no formal monitoring plan in place. The only measures  
7 taken were that R1's bed was lowered, and a fall mat was placed on the floor beside the bed. Multiple  
8 interviews with S1 revealed that fall preventative measures did not change and were the same  
9 beginning after R1's first fall to the last fall incident.

10

11 Based on the department's observations and interviews which were conducted and record reviews, the  
12 preponderance of evidence standard has been met, therefore the above allegation is found to be  
13 **SUBSTANTIATED**. California Code of Regulations (Title 22, Division 6, Chapter 8), are being cited on  
14 the attached LIC 9099D.

15

16 Exit interview conducted, a copy of this report and appeal rights provided.

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

**NAME OF LICENSING PROGRAM MANAGER:** Yvonne Flores-Larios  
**NAME OF LICENSING PROGRAM ANALYST:** Gregory Clark  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 05/22/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 05/22/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 3

**Control Number** 15-AS-20240410105909

**COMPLAINT INVESTIGATION REPORT  
 (Cont)**

**FACILITY NAME:** MERCY RETIREMENT & CARE CENTER

**FACILITY NUMBER:** 015600255

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 05/22/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 06/20/2025 Section Cited CCR 87463	1 (a) The pre-admission appraisal shall 2 be updated, in writing as frequently as 3 necessary to note significant changes 4 and to keep the appraisal accurate. The 5 reappraisals shall document changes in 6 the resident's physical, medical, mental, 7 and social condition...	1 Facility to review resident's 2 assessments for accuracy and update 3 needs and services plans as needed. In 4 addition, the facility will develop a 5 procedure for how to they will 6 disseminate changes from the 7 reappraisals with direct care staff and submit it to CCL by POC date.
	8 (b) The licensee shall immediately bring 9 any such changes to the attention of 10 the resident's physician and his family 11 or responsible person. 12 Based on observation the licensee did 13 not comply with the section cited above. 14 R1 had multiple falls over a 2-week period and the facility never updated his appraisal.	
	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.**

**NAME OF LICENSING PROGRAM MANAGER:** Yvonne Flores-Larios  
**NAME OF LICENSING PROGRAM ANALYST:** Gregory Clark  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_ **DATE:** 05/22/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 05/22/2025