

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 157209304
Report Date: 08/16/2025
Date Signed: 08/16/2025 01:44:45 PM

Substantiated

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710 |
| COMPLAINT INVESTIGATION REPORT | |

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/06/2025** and conducted by Evaluator Shawna Doucette

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| | COMPLAINT CONTROL NUMBER: 24-AS-20250606105352 |
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| FACILITY NAME: HALLMARK OF BAKERSFIELD | FACILITY NUMBER: 157209304 |
| ADMINISTRATOR: CANDELAS, ASHLEY L. | FACILITY TYPE: 740 |
| ADDRESS: 2001 AKERS ROAD | TELEPHONE: (661) 834-0200 |
| CITY: BAKERSFIELD | STATE: CA ZIP CODE: 93309 |
| CAPACITY: 99 | CENSUS: 60 DATE: 08/16/2025 |
| MET WITH: Administrator Tiffany Luaces | UNANNOUNCED TIME BEGAN: 09:32 AM |
| | TIME COMPLETED: 01:30 PM |

ALLEGATION(S):

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| 1 | Staff do not administer resident's medication in a timely manner |
| 2 | Staff mismanage resident's medication |
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INVESTIGATION FINDINGS:

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| 1 | Licensing Program Analyst (LPA) Shawna Doucette arrived at the facility unannounced for a complaint |
| 2 | investigation. LPA was granted entry by Staff Monica Anayas. LPA contacted Administrator via telephone |
| 3 | who advised Wellness Director Tiffany Luaces would respond to assist with the visit. LPA met with Tiffany |
| 4 | Luaces. |
| 5 | |
| 6 | LPA interviewed staff and residents. LPA reviewed records. |
| 7 | |
| 8 | Based on records review and interviews, allegation Staff do not administer resident's medication in a |
| 9 | timely manner, R1's medications show administered twice on the morning of May 6, 2025 once at 7:46 |
| 10 | AM and at 9:42 AM for Buspirone and Carvedilol. Facility crossed out the 9:42 AM medication on these |
| 11 | two and left the 7:46 AM medication. On May 16, 2025 Fluxotine shows it is supposed to be administered |
| 12 | at 8 am and was not administered until 10:05 AM. On May 6, 2025 Losartan is supposed to be |
| 13 | administered at 8 am and was not administered until 10:25 am according to records. |

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| Substantiated | Estimated Days of Completion: |
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NAME OF LICENSING PROGRAM MANAGER: Alexandria Walton
NAME OF LICENSING PROGRAM ANALYST: Shawna Doucette
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 08/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 08/16/2025

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 5

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| FACILITY NAME: HALLMARK OF BAKERSFIELD ADMINISTRATOR: CANDELAS, ASHLEY L. ADDRESS: 2001 AKERS ROAD CITY: BAKERSFIELD CAPACITY: 99 MET WITH: Administrator Tiffany Luaces | FACILITY NUMBER: 157209304 FACILITY TYPE: 740 TELEPHONE: (661) 834-0200 ZIP CODE: 93309 DATE: 08/16/2025 UNANNOUNCED TIME BEGAN: 09:32 AM TIME COMPLETED: 01:30 PM |
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ALLEGATION(S):

- | | |
|---|--|
| 1 | Staff do not ensure elevator is in good repair |
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INVESTIGATION FINDINGS:

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|----|---|
| 1 | Licensing Program Analyst (LPA) Shawna Doucette arrived at the facility unannounced for a complaint |
| 2 | investigation. LPA was granted entry by Staff Monica Anayas. LPA contacted Administrator via telephone |
| 3 | who advised Wellness Director Tiffany Luaces would respond to assist with the visit. LPA met with Tiffany |
| 4 | Luaces. |
| 5 | |
| 6 | LPA interviewed staff and residents. LPA reviewed records. |
| 7 | |
| 8 | Based on records review and interviews, the allegation Staff do not ensure elevator is in good repair, |
| 9 | Administrator contacted the elevator company immediately after she was notified of it being down. LPA |
| 10 | observed call log showing Administrator contacting the elevator company multiple times. Interviews |
| 11 | indicated facility came up with an additional plan purchasing stair case ramps to assist residents down |
| 12 | the stair case in addition to already having an emergency stair case chair. |
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| Unsubstantiated | Estimated Days of Completion: |
|------------------------|--------------------------------------|

NAME OF LICENSING PROGRAM MANAGER: Alexandria Walton
NAME OF LICENSING PROGRAM ANALYST: Shawna Doucette
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 08/16/2025

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FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 08/16/2025

Control Number 24-AS-20250606105352

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont) | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710 |
|--|---|

FACILITY NAME: HALLMARK OF BAKERSFIELD **FACILITY NUMBER:** 157209304
VISIT DATE: 08/16/2025

| NARRATIVE | |
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| 1 | Based on interviews and records review, it is undetermined whether or not the allegation occurred. |
| 2 | Although the allegation may have happened or is valid, there is not a preponderance of evidence to |
| 3 | prove the alleged violation did or did not occur, therefore the allegation is UNSUBSTANTIATED. |
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| 6 | An exit interview was conducted and a copy of this report was provided. |
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| NAME OF LICENSING PROGRAM MANAGER: Alexandria Walton NAME OF LICENSING PROGRAM ANALYST: Shawna Doucette LICENSING PROGRAM ANALYST SIGNATURE: DATE: 08/16/2025 |
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

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| FACILITY REPRESENTATIVE SIGNATURE: DATE: 08/16/2025 |
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Control Number 24-AS-20250606105352

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont) | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710 |
|--|---|

FACILITY NAME: HALLMARK OF BAKERSFIELD **FACILITY NUMBER:** 157209304
VISIT DATE: 08/16/2025

| NARRATIVE | |
|-----------|--|
| 1 | Based on interviews and records review, allegation Staff mismanage resident's medication, R1's |
| 2 | medication was not ordered in a timely manner where R1 missed the medication on May 1, 2025. |
| 3 | Medication was administered May 2, 2025. |

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Based on the Departments interviews and records review, the preponderance of evidence standard has been met, therefore the above allegation is found to be SUBSTANTIATED.

Refer to 9099D Civil Penalty was issued for repeat violation.

An exit interview was conducted and a copy of this report was provided with plan of corrections and appeal rights.

NAME OF LICENSING PROGRAM MANAGER: Alexandria Walton
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LIC9099 (FAS) - (06/04)

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|--|---|

FACILITY NAME: HALLMARK OF BAKERSFIELD
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 157209304
VISIT DATE: 08/16/2025

| Deficiency Type POC Due Date / Section Number | DEFICIENCIES | PLAN OF CORRECTIONS(POCs) |
|--|---|---|
| Type A 08/18/2025 Section Cited CCR 87465(a)(4) | 1 87465 Incidental Medical and Dental 2 Care (a) A plan for incidental medical 3 and dental care shall be developed by 4 each facility. The plan shall encourage 5 routine medical and dental care and 6 provide for assistance in obtaining such 7 care, by compliance with the following: | 1 Plan of correction 2 Licensee agrees to conduct a 3 medication training and will submit a 4 date the training will occur and who is 5 conducting the training by POC due 6 date 08/18/25. 7 Civil Penalty was issued for repeat violation. |
| | 8 (4) The licensee shall assist residents 9 with self-administered medications as 10 needed. This regulation was not met as 11 evidenced by R1's medications were 12 not administered timely on several | |

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|--|---------------------------------|---|---------------------------------|--|
| | 13 14 | dates. For ex. R1's medications were to be administered at 8 am on May6, 2025 and were not administered until 10:25 am. R1's medication was not ordered timely causing R1's to miss the medication on May1, 2025 which poses an immediate health safety and or personal rights risk to residents in care. | 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.

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|--|-------------------------|
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