

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 019201063  
Report Date: 06/06/2023  
Date Signed: 06/06/2023 04:45:34 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 **06/01/2023** and conducted by Evaluator Liridon Fici

	<b>COMPLAINT CONTROL NUMBER: 15-AS-20230601140155</b>
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<b>FACILITY NAME:</b> AEGIS GARDENS	<b>FACILITY NUMBER:</b> 019201063
<b>ADMINISTRATOR:</b> POON, EMILY	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 36281 FREMONT BLVD	<b>TELEPHONE:</b> (949) 488-2669
<b>CITY:</b> FREMONT	<b>STATE:</b> CA <b>ZIP CODE:</b> 94536
<b>CAPACITY:</b> 85	<b>CENSUS:</b> 73 <b>DATE:</b> 06/06/2023
<b>MET WITH:</b> Gigi Tamayo, RN	<b>UNANNOUNCED TIME BEGAN:</b> 12:05 PM
	<b>TIME COMPLETED:</b> 05:00 PM

#### ALLEGATION(S):

1	Staff mismanaged resident's medications.
2	Staff overmedicated resident.
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#### INVESTIGATION FINDINGS:

1	On 6/6/2023, at 12:05 PM, Licensing Program Analyst (LPA) L. Fici arrived unannounced to conduct an
2	initial 10- day complaint investigation visit and to deliver complaint findings on the above allegations. LPA
3	was greeted by Gigi Tamayo- Registered Nurse (RN) and explained the purpose of the visit.
4	
5	During the visit, LPA interviewed one (1) resident, and two (2) staff members. LPA obtained the following
6	documents: Staff & resident roster, current staff medication training log, Staffs medication error
7	statement, Physicians report, Incident reports (May 2023), Progress notes (May 2023), and medication
8	administrative record (MAR).
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12	
13	Continue on Lic9099-C

**Substantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Yvonne Flores-Larios  
**NAME OF LICENSING PROGRAM ANALYST:** Liridon Fici  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 06/06/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 06/06/2023

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

LIC9099 (FAS) - (06/04)

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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:** AEGIS GARDENS

**FACILITY NUMBER:** 019201063

**VISIT DATE:** 06/06/2023

**NARRATIVE**

1 Continued from Lic9099

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3 It was alleged that, staff mismanaged resident's medications, and staff over-medicated resident. Based  
4 on interviews and record review conducted, S1 confirmed with LPA that S2 mistakenly gave R1 eleven  
5 (11) types of oral medications from another resident in care on 5/28/2023. While interviewing S2, S2  
6 confirmed with LPA that she mistakenly gave 11 types of oral medications to R1 on 5/28/2023 at  
7 approximately 8:15 AM. S1 submitted an incident report regarding medication error on 5/29/2023.

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9 LPA reviewed discharge notes for R1, which indicates that R1 had a medication overdose due to taking  
10 incorrect medication. LPA reviewed incident reports, progress notes and staff medication error statement  
11 from S2 and S3 which indicated that R1 was given the wrong medication and R1 had a medication  
12 overdose on 5/28/2023. Facility staff called 911 for further evaluation, and R1 was admitted to the  
13 hospital and returned to the facility the next day 5/29/2023, at approximately 5:30 PM.

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15 Based on LPAs interviews which were conducted and record review, the preponderance of evidence  
16 standard has been met, therefore the above allegations are found to be **SUBSTANTIATED**. California  
17 Code of Regulations (Title 22, Division 6, Chapter 8) are being cited on the attached LIC 9099D.

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Exit interview conducted with RN, appeal rights given along with a copy of this report.

**NAME OF LICENSING PROGRAM MANAGER:** Yvonne Flores-Larios  
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LIC9099 (FAS) - (06/04)

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**Control Number** 15-AS-20230601140155

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

FACILITY NAME: AEGIS GARDENS

FACILITY NUMBER: 019201063

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/06/2023

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 06/07/2023 Section Cited CCR 87411(a)	1 87411(a) Personnel Requirements - 2 General:(a) Facility personnel shall at 3 all times be sufficient in numbers, and 4 competent to provide the services 5 necessary to meet resident needs... 6 This requirement is not met as 7 evidenced by:	1 Administrator agreed to submit a plan 2 to LPA to conduct additional medication 3 in-service training with a skilled nurse 4 and to have training signed by all med 5 techs and to submit proof of signed in- 6 service training to CCL by POC due 7 date.
	8 Based on interviews and record review, 9 the licensee did not comply with the 10 section cited above by not giving R1 the 11 correct medications and mistakenly 12 giving R1 another residents medication 13 which posed a immediate health, safety 14 or personal rights risk to persons in care.	
Type A 06/07/2023 Section Cited CCR 87465(c)(2)	1 87465(c)(2) Incidental Medical and 2 Dental Care: (c) If the resident's 3 physician has stated in writing that the 4 resident is unable to determine his/her 5 own need for nonprescription PRN 6 medication...(2) Once ordered by the 7 physician the medication is given according to the physician's directions. This requirement is not met as evidenced by:	
	8 Based on interviews and record review, 9 the licensee did not comply with the 10 section cited above by overmedicating 11 R1 with incorrect medication that did 12 not belong to R1 which posed a 13 immediate health, safety or personal 14 rights risk to persons in care.	8 Administrator agreed to submit a plan 9 to LPA to write a self-certification on 10 section 87465(c)(2)-Incidental Medical 11 and Dental Care and to have all med 12 techs read, understand, and have it 13 signed and to submit a copy of the 14 signed self-certification to CCL by POC due date.

**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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