

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 197609720  
Report Date: 08/05/2022  
Date Signed: 08/05/2022 04:01:32 PM

**Unfounded**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/23/2022** and conducted by Evaluator Melissa Spaeth

	<b>COMPLAINT CONTROL NUMBER: 31-AS-20220223084349</b>
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<b>FACILITY NAME:</b> HAVENS AT ANTELOPE VALLEY ASSISTED LIVING, THE	<b>FACILITY NUMBER:</b> 197609720
<b>ADMINISTRATOR:</b> AUTUMN ROBERTS RODRIGUEZ	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 43051 15TH SREET WEST	<b>TELEPHONE:</b> (661) 723-8525
<b>CITY:</b> LANCASTER	<b>STATE:</b> CA <b>ZIP CODE:</b> 93534
<b>CAPACITY:</b> 115	<b>CENSUS:</b> 79 <b>DATE:</b> 08/05/2022
<b>MET WITH:</b> Mindy Mendoza	<b>UNANNOUNCED TIME BEGAN:</b> 09:30 AM
	<b>TIME COMPLETED:</b> 04:00 PM

**ALLEGATION(S):**

1	Resident sustained a stage 4 pressure injury while in care
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Melissa Spaeth conducted an unannounced complaint visit & met with
2	Mindy Mendoza. LPA explained the complaint alleged Resident #1 (R1) sustained a stage 4 pressure
3	injury while in care. The complaint investigation was conducted by Investigations Branch (IB) Investigator
4	Jose Santana. The complaint stated R1 developed a stage 4 pressure injury while in care and this
5	resulted from facility neglect. The resident (R1) has been living at the facility since July 26, 2017 and was
6	diagnosed with cellulitis on the buttocks as of August 15, 2017. On April 21, 2020, a home health agency
7	noted a stage 1 pressure injury was located on S1's sacrum. A diaper rash was noted as of October 15,
8	2021 on R1's buttock. The rash was a result of a fungal infection and the redness on the buttock was
9	noted as a stage 1 fungal rash. On February 8, 2022, the home health agency diagnosed the condition
10	as a stage 2 pressure injury on the left buttock and the stage of this pressure injury was confirmed by R'1
11	physician on February 15, 2022. Based upon the physician's diagnosis and the home health agency's
12	notations, the pressure injury progressed to a stage 2 which is not a prohibited condition. The allegation,
13	R1 developed a stage 4 pressure injury while in care is therefore unfounded.

**Unfounded**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Cassandra Harris  
**NAME OF LICENSING PROGRAM ANALYST:** Melissa Spaeth  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 08/05/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 08/05/2022

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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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 21731 VENTURA BLVD.,  
STE. 250  
WOODLAND HILLS, CA 91364

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**ADMINISTRATOR:** AUTUMN ROBERTS RODRIGUEZ  
**ADDRESS:** 43051 15TH SREET WEST  
**CITY:** LANCASTER  
**CAPACITY:** 115

**FACILITY NUMBER:** 197609720  
**FACILITY TYPE:** 740  
**TELEPHONE:** (661) 723-8525  
**ZIP CODE:** 93534  
**DATE:** 08/05/2022  
**UNANNOUNCED TIME BEGAN:** 09:30 AM  
**TIME COMPLETED:** 04:00 PM

**STATE:** CA  
**CENSUS:**

**MET WITH:**

#### ALLEGATION(S):

- |   |  |
|---|--|
| 1 | Resident was denied access to home healthcare services |
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#### INVESTIGATION FINDINGS:

- |    |  |
|----|--|
| 1  | In regard to the allegation, resident was denied access to home healthcare services, Investigator            |
| 2  | Santana also conducted the investigation regarding this allegation. R1 alleged that the home health care     |
| 3  | agency was denied access to the facility due to the Omicron surge. The home health agency's                  |
| 4  | communication records confirmed that nurses were unable to enter the facility without proof of negative      |
| 5  | COVID results. This is in direct violation of PIN 24-04-ASC. This PIN grants an exemption from COVID         |
| 6  | testing to, among others, home health personnel. The facility concierge (S1) confirmed the facility's policy |
| 7  | of denying access to anyone who could not provide proof of a negative COVID test within specific time        |
| 8  | parameters and (S1) acknowledged to having turned home health providers away. The result of the              |
| 9  | facility's failure to apply the PIN's vaccination and testing exception to home health workers was that R1   |
| 10 | did not receive wound care treatment between January 18, 2020 and February 4, 2020. The pressure             |
| 11 | injury progressed during that time from a stage 1 to a stage 2. Based on the information obtained, this      |
| 12 | allegation is deemed Substantiated. This allegation is cited on LIC 9099 D. Appeal Rights explained. Exit    |
| 13 | Interview conducted,   |

**Substantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Cassandra Harris  
**NAME OF LICENSING PROGRAM ANALYST:** Melissa Spaeth

LICENSING PROGRAM ANALYST SIGNATURE: \_\_\_\_\_ DATE: 08/05/2022

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

FACILITY REPRESENTATIVE SIGNATURE: \_\_\_\_\_ DATE: 08/05/2022

This report must be available at Child Care and Group Home facilities for public review for 3 years.  
LIC9099 (FAS) - (06/04) Page: 2 of 4

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  
**COMPLAINT INVESTIGATION REPORT**  
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CITY: LANCASTER STATE: CA ZIP CODE: 93534  
CAPACITY: 115 CENSUS: 79 DATE: 08/05/2022  
MET WITH: Mindy Mendoza UNANNOUNCED TIME BEGAN: 09:30 AM  
TIME COMPLETED: 04:00 PM

**ALLEGATION(S):**

- 1 Resident's special diet is not being met
- 2 Staff do not communicate with resident's authorized person regarding care
- 3 Staff has not provided resident laundry services
- 4 Staff has not kept resident's room clean
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**INVESTIGATION FINDINGS:**

1 During LPA's visit, LPA interviewed eight residents who have special dietary needs. All eight residents  
2 stated the dining room staff provide meals based upon dietary needs. The dining room supervisor stated  
3 each resident who has aspecial dietary needs are given food options and portion size options. The  
4 allegation which states resident's spcial diet is not being met is unsubstantiated. In regard to staff do not  
5 communicate with resident's authorized person regarding care is unsubstantiated. LPA asked Complainant  
6 to provide names, dates, and details of these incidents. Complainant could not remember the details.  
7  
8 LPA interviewed twelve residents who stated staff provide laundry services and the residents do not have  
9 any issues regarding this service. This allegation is unsubstantiated. Also, the same twelve residents  
10 stated cleaning staff have provided cleaning services and residents are satisfied with the service  
11 provided. This allegation is unsubstantiated. Exit interview was conducted, appeal rights discussed, and  
12 a copy of the report was given to the Administrator.  
13

**Unsubstantiated** Estimated Days of Completion:

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LIC9099 (FAS) - (06/04) Page: 3 of 4

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
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**FACILITY NAME:** HAVENS AT ANTELOPE VALLEY ASSISTED LIVING, THE

**FACILITY NUMBER:** 197609720

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 08/05/2022

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/12/2022 <b>Section Cited</b> CCR 8768.1(a)(16)	1 8768.1 Personal Rights of Residents in 2 All Facilities (a) Residents in all 3 residential care facilities for the elderly 4 shall have all of the following personal 5 rights: (16) To receive or reject medical 6 care or other services. This requirement 7 was not met as evidenced by:	1 Administrator will review the screening 2 process for guests based on PIN 24-04- 3 ASC. 4 5 6 7
	8 Based on interviews of home health 9 agency's staff and the facility staff 10 member, the resident was denied 11 access to home healthcare services. 12 This poses an immediate health and 13 safety risk to residents in care. 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>NAME OF LICENSING PROGRAM MANAGER:</b> Cassandra Harris	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Melissa Spaeth	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 08/05/2022
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