

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198204544
Report Date: 10/10/2023
Date Signed: 10/10/2023 03:37:25 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/04/2023** and conducted by Evaluator Valeria Maldonado

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20231004142500
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FACILITY NAME: GENESIS MANOR IV	FACILITY NUMBER: 198204544
ADMINISTRATOR: GERRY A. MARKIE	FACILITY TYPE: 740
ADDRESS: 1691 GENESSE AVENUE	TELEPHONE: (909) 596-8903
CITY: LA VERNE	STATE: CA ZIP CODE: 91750
CAPACITY: 6	CENSUS: 6 DATE: 10/10/2023
MET WITH: Gerry Markie and Marya Alpert- Licensees	UNANNOUNCED TIME BEGAN: 01:15 PM
	TIME COMPLETED: 03:35 PM

ALLEGATION(S):

1	Staff prevented home health agency staff from performing their duties.
2	Uncleared staff allowed to work in the facility.
3	Facility did not have a qualified administrator.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) V. Maldonado made an unannounced initial complaint visit to the facility
2	for the purpose of investigating the above-mentioned allegations. LPA Maldonado met with Licensee's
3	Gerry Markie and Marya Alpert and explained the purpose for the visit.
4	
5	During today's visit, LPA Maldonado obtained a copy of the resident and staff roster, and the following
6	records for Residents# 1-5 (R1-R5): Facesheet, Physician's Report, Pre-Placement Appraisal, and
7	current Appraisal. LPA Maldonado also conducted interviews with Staff# 1-4 (S1-S5), a telephonic
8	interview with Home Health LVN (LVN), and attempted interviews Residents# 1-6 (R1-R6) . (2) of (6)
9	Residents could not be interviewed during today's visit, due to being asleep. Home Health records for R3
10	and R4, physician's discharge orders, and Power of Attorney written notice in agreement for discharge
11	from home health services were also obtained.
12	The investigation revealed the following:
13	(Report Continued on LIC9099-C...)

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros
NAME OF LICENSING PROGRAM ANALYST: Valeria Maldonado
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 10/10/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/10/2023

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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Control Number 28-AS-20231004142500

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1000 CORPORATE CNTR
DR. ST 500
MONTEREY PARK, CA 91754

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: GENESIS MANOR IV

FACILITY NUMBER: 198204544

VISIT DATE: 10/10/2023

NARRATIVE

1 **Regarding allegation: Staff prevented home health agency staff from performing their duties.**
2 It is alleged that a facility staff, who is not the administrator of the facility, informed a home health agency
3 that they were not allowed to come to this facility- disrupting the care of residents who reside in this
4 home. (5) of (5) staff interviewed denied the allegation, stating that home health has never been denied
5 entry and there are currently no residents receiving home health care at this facility. After review of (5)
6 resident's records, it was discovered that there were (2) residents receiving home health care during the
7 period of June 2023- August 2023. Records for R3 and R4 have a physician's written order for discharge
8 from home health services and a written notice from their Power of Attorney requesting the discharge
9 from home health services, each in their respective files. Per interview with LVN, staff of this facility
10 never denied home health entry to this facility, to provide services to residents. (4) of (6) residents
11 interviewed could not corroborate the allegation.

12 **Regarding allegation: Uncleared staff allowed to work in the facility.**
13 It is alleged that a home health LVN was allowed to work at the facility without appropriate criminal
14 background clearance and association to the facility. After review of the Facility Personnel Report
15 Summary and the Staff Roster, it was noted that all staff have appropriate criminal background
16 clearance and are associated to the facility. (5) of (5) staff interviewed denied the allegation and stated
17 that LVN never worked at the facility as facility staff. LVN only provided home health services to
18 residents. Staff also stated that new employees are fingerprint cleared and associated prior to working
19 at the facility. (4) of (6) residents interviewed could not corroborate the allegation. Per interview with
20 LVN, the allegation was denied and LVN stated to have never been employed as facility staff by the
21 Licensee.

22 **Regarding allegation: Facility did not have a qualified administrator.**
23 It is alleged that a home health agency's LVN was allowed to work as an interim administrator for this
24 facility, without appropriate certification. (5) of (5) staff interviewed denied the allegation and stated that
25 LVN has never worked as a staff or administrator for this facility. (4) of (6) residents interviewed could
26 not corroborate the allegation. Per interview with LVN, the allegation was denied. LVN stated that LVN
27 has never been employed by the facility Licensee and has never worked as a staff/administrator for this
28 facility. Per staff roster and Facility Personnel Report, LVN is not listed as a staff at this facility and is not
29 associated. After review of staff records, Elyssa Markie is the listed Administrator for this facility with
30 Certificate# 6056493740. She has met the qualifications for Administrator.

31 Based on LPA's observations, records review, and interviews held: Although the allegation may have
32 happened or is valid, there is not a preponderance of evidence to prove the alleged violations did or did
not occur, therefore the allegations are Unsubstantiated.
Per California Code of Regulations, Title 22, no deficiencies were observed or cited.
Exit interview was conducted and a copy of this report was provided.

NAME OF LICENSING PROGRAM MANAGER: Fernando Fierros
NAME OF LICENSING PROGRAM ANALYST: Valeria Maldonado
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 10/10/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/10/2023