

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198320375
Report Date: 04/16/2025
Date Signed: 04/17/2025 08:18:08 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/05/2025** and conducted by Evaluator Yolanda Rosser

	COMPLAINT CONTROL NUMBER: 11-AS-20250205121215
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FACILITY NAME: CIELA	FACILITY NUMBER: 198320375
ADMINISTRATOR: SHRAM, RONY	FACILITY TYPE: 740
ADDRESS: 17310 WEST VEREDA DELA MONTURA	TELEPHONE: (917) 667-5303
CITY: PACIFIC PALISADES	STATE: CA
CAPACITY: 100	ZIP CODE: 90272
	CENSUS: UNANNOUNCED
MET WITH: Administrator, Rony Shram	DATE: 04/16/2025
	TIME BEGAN: 10:00 AM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Staff are not distributing a resident's medication as prescribed
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INVESTIGATION FINDINGS:

1	On 02/20/2025 LPA Yolanda Rosser and LPM, Eva Alvarez conducted a 10 day-visit at this facility. LPA
2	met with LVN, Wendy Caudle(S1) and explained the purpose of todays visit. LPA was later introduced to
3	Administrator Rony Shram.
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5	Investigation consisted of the following:LPA conducted interviews with Residents (R2-R4) and Staff (S1-
6	S3). LPA obtained R1 Medication Administration Records (Dated: 02/2025), Physicians Order for
7	Medication (Dated: 05/17/2024), Physicians Report (Dated 06/20/2024), Face Sheet, Resident
8	Appraisal, Identification and Emergency Information. LPA obtained R1 - R4 Physicians Report,
9	Medication Administration Records (Dated 02/2025), and Physicians Order for Medications. LPA obtained
10	copies of Med Tech training. LPA obtained copies of Register of Facility Residents, and Personnel
11	Report.
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13	

Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez
NAME OF LICENSING PROGRAM ANALYST: Yolanda Rosser
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/16/2025

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 11-AS-20250205121215

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340
EL SEGUNDO, CA 90245

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: CIELA

FACILITY NUMBER: 198320375

VISIT DATE: 04/16/2025

NARRATIVE

1 Investigation Revealed :

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Allegation- Staff are not distributing a resident's medication as prescribed

LPA Rosser and LPM Alvarez conducted an interview with Administrator Rony Shram, who stated he conducted an internal investigation, in January 2025, after learning that R1 experienced a Medication Administration error while residing in the facility from July 2024 to February 2025. Administrator Shram reported R1 received (1) tablet of Namenda 10 mg per day after an E-MAR system change occurred in July 2024. R1's physicians order reflected (1) tablet of Namenda 10 mg (2) times per day and the second tablet was not administered after the system change as the new E-MAR did not reflect the order for the second tablet. Administrator Shram self reported the error and submitted an Unusual Incident Report (UIR) to CCL on January 29, 2025. LPA Rosser and LPM Alvarez conducted interviews with LVN Wendy Cudale (S1), who confirmed R1 received (1) tablet of Namenda 10 mg one time per day after the E-MAR system change occurred in July 2024. LPA Rosser and LPM Alvarez interviewed Residents R2-R4 and found 3 of 3 Residents expressed no issues with staff assistance with Medication Administration. LPA Rosser and LPM Alvarez interviewed Staff/Med Techs (S2-S3). S2-S3 stated Medication Administration training is provided prior to Med Techs administering medication independently. The Med Techs interviewed stated they administer and record passing medication on the E-MAR. The Med Techs interviewed stated they follow protocols per their training. LPA Rosser and LPM Alvarez obtained and reviewed R1 physician's order (Dated:5/17/24) and R1's Medication Administration Records (Dated August 2024-February 2025). LPA Rosser and LPM Alvarez confirmed R1 received only (1) tablets of Namenda (Generic name: Memantine) 10 mg per day starting in August 2024 - February 2025..

Based on LPA's observations, interviews, and records reviewed, the preponderance of evidence standard has been met; therefore, the above allegation above is found to be substantiated.

An exit interview was conducted and a copy of this report was provided to Administrator Shram.

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez
NAME OF LICENSING PROGRAM ANALYST: Yolanda Rosser
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/16/2025

LIC9099 (FAS) - (06/04)

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Citations on this Visit Report are Under Appeal!

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245
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FACILITY NAME: CIELA

FACILITY NUMBER: 198320375

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/16/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<p>Under Appeal Type A 04/16/2025 Section Cited HSC 874654(a)(4)</p>	<p>1 A plan for incidental medical and dental 2 care shall be developed by each facility. 3 The plan shall encourage routine 4 medical and dental care and provide for 5 assistance in obtaining such care, by 6 compliance with the following: 7 The licensee shall assist residents with self-administered medications as needed.</p>	<p>1 Deficiency was corrected prior to this 2 visit. 3 4 5 6 7</p>
	<p>8 The preponderance was met as 9 evidenced by: Based on Interviews and 10 Record Reviews staff did not ensure 11 medications were being administered 12 as prescribed per the Physicians 13 Orders. This violation poses a 14 immediate health and safety risk to clients in care.</p>	

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: Eva M Alvarez NAME OF LICENSING PROGRAM ANALYST: Yolanda Rosser LICENSING PROGRAM ANALYST SIGNATURE:		DATE: 04/16/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 04/16/2025