

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603348
Report Date: 08/11/2023
Date Signed: 08/11/2023 04:40:11 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AC/SC, 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 **01/13/2023** and conducted by Evaluator Erik Zaragoza

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20230113110457
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FACILITY NAME: MERRILL GARDENS AT WEST COVINA	FACILITY NUMBER: 198603348
ADMINISTRATOR: FISCHER, SHERRY	FACILITY TYPE: 740
ADDRESS: 1400 WEST COVINA PKWY	TELEPHONE: (206) 676-5300
CITY: WEST COVINA	STATE: CA ZIP CODE: 91790
CAPACITY: 150	CENSUS: 109 DATE: 08/11/2023
MET WITH: Sherry Fischer - Administrator	UNANNOUNCED TIME BEGAN: 09:39 AM
	TIME COMPLETED: 04:55 PM

ALLEGATION(S):

1	Staff have not fixed residents shower
2	Staff speak disrespectfully to residents
3	Staff did not meet residents needs
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Erik Zaragoza conducted a follow up complaint investigation regarding
2	the allegations listed above. LPA met with Sherry Fischer the Administrator and explained the reason for
3	the visit.
4	
5	The investigation revealed the following: during the initial visit conducted on 01/20/2022, LPA Kruz Long
6	LPA obtained/reviewed a copy of the Staff/Resident rosters, work orders and interviewed two staff
7	members in the conference room. During today's visit, LPA Zaragoza interviewed Residents 1 - 12 (R1,
8	R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12), and Staff #1 - 6 (S1, S2, S3, S4, S5, S6). LPA also
9	obtained copies of the following documentation: Current Staff and Resident Rosters for the facility, work
10	orders for R1 and R2's room, and also the admission agreement for R1 and R2.
11	
12	The investigation revealed the following: in regards to the allegation "Staff have not fixed resident's
13	showers," it is alleged that the Maintenance Department had taken six months to fix the leaking shower
	head in the resident's restrooms, which was fixed on 1/19/2023.

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: David Sicairos
NAME OF LICENSING PROGRAM ANALYST: Erik Zaragoza
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/11/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/11/2023

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-20230113110457

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
GREATER LA AC/SC, 1000 CORPORATE CNTR
DR. ST 500
MONTEREY PARK, CA 91754

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: MERRILL GARDENS AT WEST COVINA

FACILITY NUMBER: 198603348

VISIT DATE: 08/11/2023

NARRATIVE

1 During interviews with the Maintenance Director and the Administrator, it was shown in the facility's work
2 order system that the most recent work order submitted for R1 and R2's room were from 3/7/2023, and
3 therefore there was no work order submitted around the time that they requested their leaking shower
4 head to get fixed. Additionally they explained that when a maintenance work order is received by them, it
5 typically takes three (3) days to one (1) week to get fixed at the latest. R3 - R12 stated that they have
6 never had any issues with maintenance when they have submitted work orders, and that their issues
7 have been fixed in a timely manner. Five (5) out of (6) staff could not corroborate the allegation that it
8 takes longer than one week at most to fix any type of maintenance issue in resident rooms.

9
10 In regards to the allegation "Staff speak to residents disrespectfully", it is alleged that staff have spoken
11 down to residents in a condescending and disrespectful manner before and has caused tension
12 between the residents and the staff. During interviews with the Administrator, she explained that neither
13 she nor any of the other staff members of the facility have treated the residents in a disrespectful
14 manner. The administrator states that the facility always reminds staff of their obligation to provide 5-star
15 customer service to the residents and provide training as well to ensure that all residents are treated
16 with dignity and respect when working with residents. R3 - R12 all stated that they have never witnessed
17 staff being rude or disrespectful to the residents in any way, and R6 stated that that the staff provide
18 exemplary and wonderful service to all the residents that live in the facility. Five (5) out of six (6) Staff
19 members could not corroborate the allegation that they have ever witnessed staff speaking to residents
20 in a rude or condescending manner.

21
22 In Regards to the allegation "Staff did not Meet Resident's Needs", it is alleged that staff have ignored
23 the needs of residents and allowed them to wander, in particular R12 who lives in the memory care unit,
24 and also because the grab bars that are installed in all of the resident's showers are inadequate and
25 could potentially lead to a resident falling and thus leading to serious injury because the grab bars do
26 not follow the American's with Disabilities Act (ADA) standards. Administrator explained that the needs
27 of residents in the memory care unit are never ignored, and that she has conducted research with the
28 facility's legal team who concluded the grab bars of the facility do meet the ADA standards. Interviews
29 with R3 - R12 revealed that none of them had witnessed the needs of the memory care unit being
30 ignored by the staff, and that they were all satisfied with the grab bars in their restroom, however R6 and
31 R7 stated that they could foresee it being an issue with shorter residents. Five (5) out of six (6) staff
32 members could not corroborate the allegation that the needs of memory care residents were not being met.

NAME OF LICENSING PROGRAM MANAGER: David Sicairos
NAME OF LICENSING PROGRAM ANALYST: Erik Zaragoza
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/11/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/11/2023

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AC/SC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
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FACILITY NAME: MERRILL GARDENS AT WEST COVINA **FACILITY NUMBER:** 198603348
VISIT DATE: 08/11/2023

NARRATIVE	
1	Based on statements and interviews conducted with staff, clients, review of client files and facility file records, there was not enough supportive evidence to concur with the reported allegations. Although the allegations may have happened or are valid, there is not a preponderance of evidence to prove the alleged violations did or did not occur, therefore the allegations are UNSUBSTANTIATED. Exit interview held, and a copy of this report was provided.
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NAME OF LICENSING PROGRAM MANAGER: David Sicairos NAME OF LICENSING PROGRAM ANALYST: Erik Zaragoza LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/11/2023
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/11/2023
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