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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306000752
Report Date: 02/16/2023
Date Signed: 02/16/2023 03:32:10 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES** **COMMUNITY CARE LICENSING DIVISION** **CCLD Regional Office, 770 THE CITY DR., SUITE 7100** **ORANGE, CA** 92868

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/24/2022** and conducted by Evaluator Andrea Mendivil

	COMPLAINT CONTROL NUMBER: 22-AS-20220524143129

FACILITY NAME:	ATRIA GOLDEN CREEK			**FACILITY NUMBER:**	306000752
ADMINISTRATOR:	JAMES D. CRADDOCK			**FACILITY TYPE:**	740
ADDRESS:	33 CREEK RD			**TELEPHONE:**	(949) 786-5665
CITY:	IRVINE	**STATE:** CA		**ZIP CODE:**	92604
CAPACITY:	155	**CENSUS:** 102		**DATE:**	02/16/2023
		UNANNOUNCED		**TIME BEGAN:**	02:45 PM
MET WITH:	Jim Craddock- Executive Director			**TIME COMPLETED:**	03:45 PM

ALLEGATION(S):

1	resident pushing another resident causing an injury due to neglect
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INVESTIGATION FINDINGS:

1	On this day Licensing Program Analyst (LPA) Andrea Mendivil made an unannounced visit to deliver
2	complaint findings. LPA spoke with Executive Director Jim Craddock and discussed the above
3	allegations.
4	
5	It was alleged resident pushed another resident causing an injury due to neglect. LPA reviewed pertinent
6	documents such as resident's physician report, needs and services plan, hospice documentation, and
7	incident reports. The investigation was completed by the Department and revealed the following:
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9	On 4/21/2022 the Department received an Unusual Incident Injury Report (LIC 624) reporting a resident
10	on resident altercation. Per LIC 624 at approximately at 8:00 am Resident 1 (R1) came close to Resident
11	(R2) and reached out to their shoulder. R2 was startled and pushed R1 away. R1 then lost their balance
12	and fell on the floor. R1 was transported to the hospital for further evaluation and R1's power of attorney
13	(POA) and primary care physician (PCP) were notified.

Unsubstantiated	Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST: Andrea Mendivil
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 02/16/2023

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 02/16/2023

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

Control Number 22-AS-20220524143129

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868

FACILITY NAME: ATRIA GOLDEN CREEK **FACILITY NUMBER:** 306000752
VISIT DATE: 02/16/2023

NARRATIVE

R1's Needs and Service plan developed by the facility dated 11/26/2021 stated that R1 requires redirection; However, does not specify if R1 requires a 1:1 caregiver. Based on interviews with staff during the time of the incident caregivers and staff were escorting other residents to breakfast. Staff present during the incident, reported they witnessed R1 walking the hallway and saying something to R2, before R2 then pushed R1. The witness stated they called over a second staff in order to assess R1. They then called over a third staff member in order to help lift R1 up. Staff interviewed reported R1 did not complain of any pain and was placed in a wheelchair.

Based on interviews with 2 out of 4 staff indicate that R1 has been aggressive in the past, but this was monitored and treated with medication and redirection. R1 and R2 were unable to be interviewed as R1 passed away and R2 was not oriented to time and space during the interview. Per interviews with staff R2 was not aggressive and kept to themselves.

Based on the preponderance of the evidence through review of documents and interviews the allegation resident pushing another resident causing an injury due to neglect is UNSUBSTANTIATED, meaning that although the allegation may have happened or are valid, there is not a preponderance of evidence to prove that the alleged violation occurred.

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST: Andrea Mendivil
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 02/16/2023

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 02/16/2023

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/24/2022** and conducted by Evaluator Andrea Mendivil

	COMPLAINT CONTROL NUMBER: 22-AS-20220524143129

FACILITY NAME: ATRIA GOLDEN CREEK
FACILITY NUMBER: 306000752
ADMINISTRATOR: JAMES D. CRADDOCK
FACILITY TYPE: 740
ADDRESS: 33 CREEK RD
TELEPHONE: (949) 786-5665
CITY: IRVINE
STATE: CA
ZIP CODE: 92604
CAPACITY: 155
CENSUS: 102
DATE: 02/16/2023
UNANNOUNCED
TIME BEGAN: 02:45 PM
MET WITH: Jim Craddock- Executive Director
TIME COMPLETED: 03:45 PM

ALLEGATION(S):

1	Staff did not seek timely medical attention for resident who fell
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INVESTIGATION FINDINGS:

1	On this day Licensing Program Analyst (LPA) Andrea Mendivil made an unannounced visit to deliver
2	complaint findings. LPA spoke with Executive Director Jim Craddock and discussed the above
3	allegations.
4	
5	It was alleged staff did not seek timely medical attention for resident who fell. LPA reviewed pertinent
6	documents such as resident's physician report, needs and services plan, hospice documentation, and
7	incident reports.
8	
9	The Department received an Unusual Incident Injury Report (LIC 624) on 4/21/2022. Per the LIC 624, at
10	approximately at 8:00 am Resident 1 (R1) came close to Resident (R2) and reached out to their
11	shoulder. R2 was startled and pushed R1 away and caused R1 to lose their balance. As a result, R1 fell
12	on the floor. Per LIC 624 the facility stated R1 was transported to the hospital for further evaluation and
13	R1's Power of Attorney and Primary Care Physician were notified.

Substantiated	**Estimated Days of Completion:**

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST: Andrea Mendivil
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 02/16/2023

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ATRIA GOLDEN CREEK **FACILITY NUMBER:** 306000752
VISIT DATE: 02/16/2023

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	Based on interviews with staff and witness R1's family called after the incident and was ask if they wanted to take R1 to urgent care. R1's family came to the facility to pick up R1 and transported them to Hoag Urgent Care at approximately 11:30 AM, resulting in a three and a half hour delay in medical services. R1 was then transferred to the hospital where R1 was diagnosed with a fracture femur. The LIC 624 stated that the resident was transferred to the hospital after 911 was called. Per hospice paperwork, R1 returned back to facility on 04/24/2022 and was placed on continuous care from 04/24/2022 to 05/01/2022 before passing away. A civil penalty is pending determination, per H&S Code Section 1569.49(e). Based on the preponderance of evidence through record review and interviews the allegation staff did no seek timely medical attention for resident who fell is SUBSTANTIATED, meaning the complaint allegation as valid and that a violation has occurred. The following is being cited per California Code of Regulations Title 22 Division 6 Chapter 8 and civil penalties assessed An exit interview was conducted and a copy of this report and appeal rights was provided to the Executive Director.

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz
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LICENSING PROGRAM ANALYST SIGNATURE: **DATE:** 02/16/2023

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868

FACILITY NAME: ATRIA GOLDEN CREEK **FACILITY NUMBER:** 306000752
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 02/16/2023

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Request Denied Type A 02/17/2023 **Section Cited** CCR 87465(g)	1 2 3 4 5 6 7	87465(g) Incidental Medical and Dental Care. The licensee shall immediately telephone 9-1-1 if an injury or other circumstance has resulted in an imminent threat to a resident's health… This requirement is not met as evidence by: Licensee failed to seek immediate medical attention following R1's fall.	1 2 3 4 5 6 7	Administrator to provide in service community wide to enforce company policies on seeking timely medical.

	8 9 10 11 12 13 14	Facility staff instead contacted R1's responsible party who then sought medical attention. This poses an immediate risk to residents in care. Civil Penalty Assessed in the amount of $500.	8 9 10 11 12 13 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.

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