

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306002255
Report Date: 09/04/2025
Date Signed: 09/04/2025 03:47:31 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 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 **04/13/2022** and conducted by Evaluator Fred Arias

	COMPLAINT CONTROL NUMBER: 22-AS-20220413123916
--	---

FACILITY NAME: COVINGTON, THE	FACILITY NUMBER: 306002255
ADMINISTRATOR: EILEEN LEA DAVIS	FACILITY TYPE: 741
ADDRESS: 3 PURSUIT	TELEPHONE: (949) 389-8500
CITY: ALISO VIEJO	ZIP CODE: 92656
CAPACITY: 343	DATE: 09/04/2025
MET WITH: Michelle Lahaderne	UNANNOUNCED TIME BEGAN: 10:20 AM
	TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1	Resident sustained multiple wounds while in care.
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Fred Arias conducted an unannounced complaint visit to finalize an
2	investigation into the above allegation. LPA was greeted and granted entry into the facility and explained
3	the reason for the visit. An initial investigation visit was conducted on April 21, 2022 by the Department.
4	
5	It was alleged resident sustained multiple wounds while in care. During the investigation, LPA Arias
6	conducted an interview with staff. LPA Arias reviewed records obtained.
7	
8	The investigation determined as follows: Regarding the allegation resident sustained multiple wounds
9	while in care, it was reported resident had multiple skin/wound issues that were severe as wounds had
10	been neglected and not cared for. LPA reviewed records for resident 1 (R1). R1 was admitted to assisted
11	living on May 12, 2021. R1 was prescribed topical steroid ointments to aid with itching on May 9, 2021
12	and again on June 8, 2021 for daily usage. R1's physician's report dated April 26, 2022 indicated R1 had
13	a history of skin tears due to thin skin. Continued on 9099-C dated 09/04/2025

Unsubstantiated	Estimated Days of Completion:
------------------------	--------------------------------------

SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Fred Arias
LICENSING EVALUATOR SIGNATURE:

DATE: 09/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/04/2025

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

LIC9099 (FAS) - (06/04)

Page: 1 of 2

Control Number 22-AS-20220413123916

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: COVINGTON, THE

FACILITY NUMBER: 306002255

VISIT DATE: 09/04/2025

NARRATIVE

- 1 The physician's report also indicated R1 could communicate their needs. R1 had a diagnosis of
2 cardiovascular disease, hypertension, and transient ischemic attack. R1's most recent physician's order
3 dated April 21, 2022 included blood thinning medication for R1's conditions. LPA was unable to review
4 home health records as they were not available.
5
6 LPA interviews with three out of four staff stated they were familiar with R1. Three out of three staff
7 stated R1 was using topical steroid cream on a daily basis for itch relief and could cause thinning of the
8 skin when used often. Two out of three staff added in-service training was provided to care giver staff
9 regarding the repositioning and transfers of R1 to minimize bruising and skin tears. One out of three
10 staff added R1 was on blood thinners and that would have contributed to R1's bruising and instructed
11 R1 to call for help when ambulating.
12
13 On August 10, 2021, R1 had a fall with skin tears. Tears were treated. Home Health was requested and
14 approved by physician. On January 4, 2022, R1 had a fall with skin tears. Tears were treated. Physician
15 was notified and provided treatment plan. On March 5, 2022, R1 had a skin tear that was treated.
16 Physician was notified and provided treatment plan. On March 10, 2022, R1 had a fall with skin tears.
17 Tears were treated and physician and daughter were notified. On April 13, 2022, R1 had a fall with skin
18 tears. Tears were treated. R1 was sent to the hospital for further evaluation due to hallucinations. R1
19 was discharged from the hospital and returned to the facility on April 18, 2022.
20
21 R1 was placed into hospice on April 18, 2022 due to diagnosis of cerebral atherosclerosis. R1 passed
22 on April 25, 2022.
23
24 Therefore based on staff interview and records observed, the allegation of resident sustained multiple
25 wounds while in care is therefore deemed unsubstantiated meaning that although the allegation may
26 have happened or is valid, there is not a preponderance of the evidence to prove that the alleged
27 violation occurred.
28
29
30 An exit interview was conducted and a copy of the report was left with the facility representative.
31
32

SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Fred Arias
LICENSING EVALUATOR SIGNATURE:

DATE: 09/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/04/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 2