

# Department of SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 306004640  
Report Date: 10/26/2023  
Date Signed: 10/26/2023 10:39:15 AM

## Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/09/2020** and conducted by Evaluator Joseph Alejandre

|               |   |
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| <b>PUBLIC</b> | <b>COMPLAINT CONTROL NUMBER: 22-AS-20201209154307</b> |
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|---|---|
| <b>FACILITY NAME:</b> PACIFICA SENIOR LIVING NEWPORT MESA | <b>FACILITY NUMBER:</b> 306004640       |
| <b>ADMINISTRATOR:</b> STACIE ANDERSON                     | <b>FACILITY TYPE:</b> 740               |
| <b>ADDRESS:</b> 2891 BEAR ST                              | <b>TELEPHONE:</b> (949) 629-1020        |
| <b>CITY:</b> COSTA MESA                                   | <b>STATE:</b> CA                        |
| <b>CAPACITY:</b> 40                                       | <b>ZIP CODE:</b> 92626                  |
| <b>MET WITH:</b> Rosie Nakadaira                          | <b>CENSUS:</b> 24                       |
|   | <b>DATE:</b> 10/26/2023                 |
|   | <b>UNANNOUNCED TIME BEGAN:</b> 09:00 AM |
|   | <b>TIME COMPLETED:</b> 10:50 AM         |

### ALLEGATION(S):

|   |  |
|---|--|
| 1 | Facility planned group activities without the use of proper PPE                  |
| 2 | Facility failed to cohort covid positive residents from covid negative residents |
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### INVESTIGATION FINDINGS:

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|----|---|
| 1  | Licensing Program Analyst (LPA) Joseph Alejandre made an unannounced visit to deliver the findings of         |
| 2  | the complaint investigation into the allegations listed above. LPA met with Executive Director Rosie          |
| 3  | Nakadaira and explained the reason for the visit. The investigation into the allegation, facility planned     |
| 4  | group activities without the use of proper PPE revealed the following. It was alleged that staff did not use  |
| 5  | PPE properly during a staff led resident outing and this led to many staff and residents testing positive for |
| 6  | Covid-19. Staff interviewed reported that the outing on 11/21/2020 was a ride in the facility van where       |
| 7  | only residents who had tested negative for Covid-19 were taken on a brief ride to see the beach and then      |
| 8  | returned to the facility. Staff and the Administrator reported that both staff present during the trip wore   |
| 9  | masks and all the residents on the trip were given masks to wear but removed them during the field trip.      |
| 10 | There were two staff members present during the field trip and both reported that during the trip they did    |
| 11 | not stop the vehicle and the residents did not leave their care. Both staff members stated that they had      |
| 12 | not tested positive for Covid-19 and always wear masks while working and wore masks for the duration          |
| 13 | of the resident outing.   |

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Luz Adams  
**NAME OF LICENSING PROGRAM ANALYST:** Joseph Alejandre  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 10/26/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 10/26/2023

**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 22-AS-20201209154307**

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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:** PACIFICA SENIOR LIVING NEWPORT MESA

**FACILITY NUMBER:** 306004640

**VISIT DATE:** 10/26/2023

**NARRATIVE**

1 The Administrator reported that all activities are planned around using the appropriate PPE and  
2 following the guidelines set forth by the State and the County. Staff reported that only small cohort  
3 groups of four or five residents with the same Covid-19 status participate in activities together. During  
4 the 10-day visit LPA observed that all staff were wearing masks at the facility. 3 out of 3 staff interviewed  
5 reported always wearing masks while working and during resident activities. 3 out of 3 staff interviewed  
6 reported that masks are provided to residents but most of the residents take the masks off and refuse to  
7 wear them. It was alleged that the staff led resident outing led to an increase in staff and residents  
8 testing positive for Covid-19. There is no way to determine if a resident outing where no one had contact  
9 with the public and staff were wearing masks led to an increase in Covid positive staff and residents. In  
10 all facilities at the time no visitors were allowed except approved Government workers on official  
11 business. Residents could contract Covid-19 from other residents or staff and staff did not live at the  
12 facility. There are too many variables and too many cases to determine how each resident tested  
13 positive for Covid-19, so it is unreasonable to attribute positive cases of Covid-19 to one incident or trip  
14 where none of the people involved had tested positive for Covid-19. None of the evidence gathered  
15 supports the allegation. Based on the information gathered, the allegation, facility planned group  
16 activities without the proper use of PPE, is deemed unsubstantiated, although the allegation may have  
17 happened or is valid, there is no preponderance of evidence to prove the alleged violation did or did not  
18 occur.  
19  
20 The investigation into the allegation, facility failed to cohort Covid positive residents from Covid negative  
21 residents, revealed the following. It was alleged that the facility was scheduling Covid-19 positive staff  
22 members which put the facility residents at risk. The facility is a memory care only facility. During the  
23 month of December 2020 Covid-19 positive cases increased during the month and at one point during  
24 the month every resident was positive for Covid-19. On 12/14/2020, the day of the 10-day visit, LPA  
25 observed that the residents who had not tested positive were isolated in their rooms because the  
26 majority of residents had tested positive for Covid-19. On or around 12/21/2020 all the residents were  
27 reported to be positive for Covid-19. During this time, it was allowed for facilities to have Covid-19  
28 positive staff who were asymptomatic to work with residents who were positive for Covid-19. The  
29 Administrator reported that they did have Covid-19 positive staff who were asymptomatic work with  
30 Covid-19 positive residents only. 3 out of 3 staff interviewed reported that they followed the guidelines  
31 set by management and could only work if they had no symptoms and could only work with Covid-19  
32 negative residents if they had tested negative for Covid-19.

**NAME OF LICENSING PROGRAM MANAGER:** Luz Adams  
**NAME OF LICENSING PROGRAM ANALYST:** Joseph Alejandre  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 10/26/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 10/26/2023

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**FACILITY NAME:** PACIFICA SENIOR LIVING NEWPORT MESA **FACILITY NUMBER:** 306004640

**VISIT DATE:** 10/26/2023

| NARRATIVE |   |  |
|-----------|---|--|
| 1         | The Administrator reported that as residents were cleared and tested negative for Covid-19 they were isolated in their rooms until the majority of residents were negative for Covid-19. The Administrator reported that at no time were residents of different Covid-19 status allowed to co-mingle. Based on the evidence gathered the allegation, facility failed to cohort Covid positive residents from Covid negative residents, is deemed unsubstantiated, although the allegation may have happened or is valid, there is no preponderance of evidence to prove the alleged violation did or did not occur. |  |
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| 8         |   | An exit interview was conducted and a copy of the report provided. |
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| <b>NAME OF LICENSING PROGRAM MANAGER:</b> Luz Adams        |                         |
| <b>NAME OF LICENSING PROGRAM ANALYST:</b> Joseph Alejandro |                         |
| <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>                | <b>DATE:</b> 10/26/2023 |

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

|   |                         |
|---|-------------------------|
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b> | <b>DATE:</b> 10/26/2023 |
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