

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306004779
Report Date: 08/20/2021
Date Signed: 08/20/2021 12:06:39 PM

Unsubstantiated

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| 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 **09/04/2020** and conducted by Evaluator Michelle Reed

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| PUBLIC | COMPLAINT CONTROL NUMBER: 22-AS-20200904122808 |
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| FACILITY NAME: ADELYA SENIOR HOME III | FACILITY NUMBER: 306004779 |
| ADMINISTRATOR: MARICEL LINDSEY | FACILITY TYPE: 740 |
| ADDRESS: 6533 VIA ESTRADA | TELEPHONE: (714) 202-5075 |
| CITY: ANAHEIM HILLS | ZIP CODE: 92807 |
| CAPACITY: 6 | DATE: 08/20/2021 |
| MET WITH: Maricel Lindsey | UNANNOUNCED TIME BEGAN: 11:30 AM |
| | TIME COMPLETED: 12:15 PM |

ALLEGATION(S):

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| 1 | Resident sustained a pressure injury while in care. |
| 2 | Facility refused medical services for resident in care. |
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INVESTIGATION FINDINGS:

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| 1 | Licensing Program Analyst (LPA), Michelle Reed made an unannounced visit to the facility for the |
| 2 | purpose of presenting the findings of the complaint investigation. Upon arrival, LPA met with |
| 3 | Administrator Maricel Lindsey. The investigation consisted of interviews with Administrator and witnesses |
| 4 | as well as documentation. The following was determined: |
| 5 | Resident #1 was admitted into the facility in October 2016. Records reviewed disclosed that R1 |
| 6 | developed a Stage 1 pressure injury and was referred to home health on 7/6/20 by her medical provider. |
| 7 | Home Health visited R1 at the facility in September. According to staff interviewed, R1 has had Health |
| 8 | Services several times since 7/20/2020 for wound care and physical. |
| 9 | Based upon interviews and a review of records, the allegations above are unsubstantiated, meaning that |
| 10 | although the allegations may have happened or are valid, there is not a preponderance of the evidence |
| 11 | to prove that R1 developed a Stage 1 pressure injury due to neglect or that the facility staff refused |
| 12 | medical services. Licensee is reminded that residents shall always receive care as ordered by their |
| 13 | doctor. |
| | An exit interview was conducted and a copy of this report was provided to Maricel Lindsey. |

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Michelle Reed
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/20/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/20/2021

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