

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306004796
Report Date: 11/04/2020
Date Signed: 11/04/2020 02:53:42 PM

Substantiated

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 **06/22/2020** and conducted by Evaluator Michelle Reed

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20200622112057
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FACILITY NAME: HUNTINGTON TERRACE	FACILITY NUMBER: 306004796
ADMINISTRATOR: HILES, LINDA	FACILITY TYPE: 740
ADDRESS: 18800 FLORIDA ST	TELEPHONE: (714) 848-8811
CITY: HUNTING BEACH	STATE: CA ZIP CODE: 92648
CAPACITY: 185	CENSUS: 155 DATE: 11/04/2020
MET WITH: Administrator Linda Hiles	UNANNOUNCED TIME BEGAN: 02:15 PM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Facility did not have a fall prevention set in place for resident
2	Facility staff did not trim resident's nails resulting in resident scratching face
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Michelle Reed conducted a tele visit on this day for the purpose of
2	delivering findings regarding complaint control # 22-AS-20200622112057. Today's visit was conducted
3	via tele visit with Administrator Linda Hiles due to COVID 19 precautionary measures. The investigation
4	consisted of record reviews and interviews with staff and witnesses.
5	
6	R1 was admitted into the facility on 1/30/2020. Upon admission, staff were informed that R1 had a fall
7	history. R1's Preplacement Appraisal(1/20/20) and care plan(1/30/20) by facility staff documents that R1
8	has poor balance/fall risk and needed total assist with ambulating. R1 was first placed in Assisted Living
9	at Huntington Terrace and then in February 2020 Memory Care. Incident reports for R1 were reviewed for
10	March 2020-July 2020. R1 had 9 falls during the 5 months. Medical treatment was provided as needed.
11	Records and interviews did not disclose a fall plan for R1.
12	
13	Interviews conducted with staff and witnesses disclosed that R1 did have long toenails and fingernails. (CONTINUED)

SUPERVISOR'S NAME: Luz Adams
LICENSING EVALUATOR NAME: Michelle Reed
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 11/04/2020

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 11/04/2020

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 5

Control Number 22-AS-20200622112057

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
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FACILITY NAME: HUNTINGTON TERRACE **FACILITY NUMBER:** 306004796
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 11/04/2020

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 11/04/2020 Section Cited CCR 87705(c)(5)(A)	1 Care of Person's with Dementia- 2 Licensees who accept and retain 3 residents with dementia shall ensure 4 that each resident has an annual 5 medical assessment & reappraisal 6 done annually to include a 7 reassessment of the resident's 8 dementia care needs. When any 9 medical assessment, appraisal, or 10 observation indicates that the resident's 11 dementia care	1 Licensee indicated that they will 2 observe all residents for changes in 3 their needs and services and update 4 the care plan when a resident's needs 5 have changed to ensure proper 6 supervision. Proof of understanding of 7 this subsection will be provided to the 8 Department in writing.
	8 needs have changed, changes shall be 9 made in the care and supervision 10 provided to that resident. 11 This requirement was not met as 12 evidenced by: 13 R1 was having frequent falls and there 14 was no assessment to address the falls and the care and supervision that would be provided to R1.	
Type B 11/03/2020 Section Cited CCR 87465(a)(1)	1 Incidental Medical and Dental Care-A 2 plan for incidental medical and dental 3 care shall be developed by each facility. 4 The licensee shall arrange, or assist in 5 arranging, for medical and dental care 6 appropriate to the conditions and needs 7 of residents. This requirement was not met as evidenced by:	1 Licensee agrees to observe and assist 2 all residents with medical and dental 3 care to meet their needs. A plan shall 4 be provided to the Department to 5 ensure that nail hygiene is provided to 6 all residents as needed.
	8 R1 had long toenails and fingernails 9 that needed to be trimmed and the 10 licensee failed to assist in arranging for 11 that need to be met.	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Luz Adams
LICENSING EVALUATOR NAME: Michelle Reed
LICENSING EVALUATOR SIGNATURE: _____
DATE: 11/04/2020

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FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 11/04/2020

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

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CITY: HUNTING BEACH	STATE: CA ZIP CODE: 92648
CAPACITY: 185	CENSUS: 155 DATE: 11/04/2020
MET WITH: Administrator Linda Hiles	UNANNOUNCED TIME BEGAN: 02:15 PM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

- | | |
|---|----------------------------|
| 1 | Residents clothing unkempt |
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Michelle Reed conducted a tele visit on this day for the purpose of
2	delivering findings regarding complaint control # 22-AS-20200622112057. Today's visit was conducted
3	via tele visit due to COVID 19 precautionary measures. The investigation consisted of record reviews and
4	interviews with staff and witnesses. Resident #1 was admitted into the facility on 1/30/20. At the time of
5	admission, R1's care plan and physician's report stated that R1 could complete all ADL's (dressing,
6	grooming etc.) On April 30, 2020 a reappraisal was completed for R1. The appraisal stated that R1 would
7	require preparation and minimal assist with dressing. According to interviews conducted, R1 would not
8	allow staff to assist with dressing and grooming and would sometimes become agitated. Staff would give
9	R1 space and approach later. However, R1 wanted to dress herself. Based upon interviews and a review
10	of R1's records, this allegation is unsubstantiated, meaning that although the allegation may have
11	happened or is valid, there is not a preponderance of the evidence to prove that staff allowed R1's
12	clothing to be unkempt. An exit interview was conducted with Administrator Linda Hiles via telephone.
13	The report was sent via email and an electronic email read receipt confirms receiving the report. Administrator Hiles agrees to review the report and to send the signed report back to LPA Reed via email.

Unsubstantiated	Estimated Days of Completion: _____
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SUPERVISOR'S NAME: Luz Adams
LICENSING EVALUATOR NAME: Michelle Reed
LICENSING EVALUATOR SIGNATURE: _____
DATE: 11/04/2020

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

FACILITY REPRESENTATIVE SIGNATURE: _____ DATE: 11/04/2020

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 4 of 5

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
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MET WITH: Administrator Linda Hiles **UNANNOUNCED TIME BEGAN:** 02:15 PM
COMPLETED: 03:00 PM

ALLEGATION(S):

- 1 Unexplained bruising to resident's face
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INVESTIGATION FINDINGS:

1 Licensing Program Analyst (LPA) Michelle Reed conducted a tele visit on this day for the purpose of
2 delivering findings regarding complaint control # 22-AS-20200622112057. Today's visit was conducted
3 via tele visit due to COVID 19 precautionary measures. The investigation consisted of record reviews and
4 interviews with staff and witnesses. Resident #1(R1) was admitted into the facility on 1/30/20. On 6/9/20
5 R1 fell in the hallway and hit her head. 911 was contacted by staff and R1 was taken to the hospital. R1
6 had bruising to her face. The bruising was caused by the fall and possibly another incident that occurred
7 on 6/8/20 when R1 was slapped by another resident.
8 Based on the preponderance of evidence gathered, the allegation that R1 had unexplained bruising to
9 face is deemed to be UNFOUNDED, meaning that the allegation was false, could not have happened
10 and/or was without a reasonable basis. This agency has investigated the complaint. We have therefore
11 dismissed the complaint. An exit interview was conducted with Administrator Linda Hiles via telephone.
12 The report was sent via email and an electronic email read receipt confirms receiving of the report.
13 Administrator Hiles agrees to review the report and to send the signed report back to LPA Reed via email.

Unfounded Estimated Days of Completion: _____

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LIC9099 (FAS) - (06/04) Page: 5 of 5

Control Number 22-AS-20200622112057

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**COMPLAINT INVESTIGATION REPORT
(Cont)**

COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 770 THE CITY DR., SUITE
7100
ORANGE, CA 92868

FACILITY NAME: HUNTINGTON TERRACE

FACILITY NUMBER: 306004796

VISIT DATE: 11/04/2020

NARRATIVE

1 A podiatrist did come in every other month to trim R1's nails, but due to the COVID pandemic, those
2 visits had stopped and no alternative plan was put into place at the time of this complaint.
3
4 Based upon interviews and a review of records, the preponderance of evidence standard has been met,
5 therefore the above allegations are substantiated.
6
7 See LIC9099D for cited deficiencies per Title 22 Division 6 of the California Code of Regulations.
8
9 An exit interview was conducted with Administrator Linda Hiles via telephone. The report was sent via
10 email and an electronic email read receipt confirms receiving of the report. Administrator Hiles agrees to
11 review the report and to send the signed report back to LPA Reed via email.
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SUPERVISOR'S NAME: Luz Adams

LICENSING EVALUATOR NAME: Michelle Reed

LICENSING EVALUATOR SIGNATURE:

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