

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005154
Report Date: 04/14/2023
Date Signed: 04/14/2023 04:19:01 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE & INLAND A/SC, 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 **01/31/2023** and conducted by Evaluator Kevin Saborit-Guasch

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20230131162326
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FACILITY NAME: NEWPORT BEACH MEMORY CARE	FACILITY NUMBER: 306005154
ADMINISTRATOR: HADLEY, BRIAN	FACILITY TYPE: 740
ADDRESS: 1000 HALYARD	TELEPHONE: (949) 220-9700
CITY: NEWPORT BEACH	STATE: CA ZIP CODE: 92663
CAPACITY: 42	CENSUS: 20 DATE: 04/14/2023
MET WITH: Erin Rehbein, Director of Marketing Stephanie Garcia Rios, Wellness Director Rogelio Martinez, Maintenance Director Michelle Goodney, Administrator	UNANNOUNCED TIME BEGAN: 12:30 AM TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1	2/ Staff do not maintain a comfortable temperature for residents in care.
2	
3	3/ Staff did not ensure that resident was provided their medication in a timely manner.
4	
5	5/ Staff do not ensure that residents are provided with activities while in care.
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INVESTIGATION FINDINGS:

1	On this day, Licensing Program Analyst (LPA) Kevin Saborit-Guasch conducted an unannounced visit for
2	the purpose of delivering findings in the investigation of the allegations listed above. LPA was greeted
3	and granted entry by administrator Michelle Goodney after explaining the purpose of the visit and listing
4	the allegations.
5	
6	An initial visit was conducted on February 3, 2023. A tour of the physical plant was conducted with the
7	administrator, and temperature measurements were taken. A sample of staff training records were
8	reviewed. Staff schedules reviewed. Previous temperature measurements were taken during facility visits
9	on January 4 and January 17, 2023.
10	
11	Seven additional staff interviews were conducted during an investigation visit for complaint reference
12	#22-AS-20221228101134 on March 6, 2023.
13	CONTINUED ON FORM LIC9099-C

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Kevin Saborit-Guasch
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/14/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/14/2023

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-20230131162326

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
ORANGE & INLAND A/SC, 770 THE CITY DR.,
SUITE 7100
ORANGE, CA 92868

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: NEWPORT BEACH MEMORY CARE

FACILITY NUMBER: 306005154

VISIT DATE: 04/14/2023

NARRATIVE

1 CONTINUED FROM FORM LIC9099
2 A follow-up visit was conducted on this day, during which the Maintenance Director was interviewed and
3 Medication Administration Records were reviewed.
4
5 Regarding the allegation that Staff do not maintain a comfortable temperature for residents in care, the
6 following has been concluded: After a similar allegation was made as part of complaint 22-AS-
7 20221228101134 filed on December 28, 2022, temperature measurements were taken during multiple
8 facility visits on January 4, January 17 and February 3, 2023 as well as during today's visit. Facility
9 received a citation in regard to the faulty heating units. Based on following observations and interviews
10 conducted, there was not sufficient evidence to confirm that the issue was still ongoing. As a result, the
11 allegation is Unsubstantiated, meaning that although the allegation may have happened or is valid, there
12 is not a preponderance of evidence to prove the alleged violation did or did not occur.
13
14 Regarding the allegation that Staff did not ensure that resident was provided their medication in a timely
15 manner, the following has been concluded: LPA observed MedTech staff while touring the facility and
16 reviewed print-outs of the Medication Administration Records for the months of March and April for a
17 random sample of five residents out of 20 currently present within the facility. All daily doses are
18 observed to have been administered correctly and typed into the system adequately. The allegation is
19 therefore deemed to be Unsubstantiated, meaning that although the allegation may have happened or is
20 valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur.
21
22 Regarding the allegation that Staff do not ensure that residents are provided with activities while in care,
23 the following has been concluded: During the initial visit, facility staff was observed wrapping up
24 activities as listed and residents resting. Further interviews with the facility's Activities Director confirmed
25 that activities were being offered to residents on each weekdays when Director is present, but that was
26 not generally the case on weekends due to the responsible staff member not being scheduled on those
27 days and care staff not having the availability to pitch in significantly. Administrator states that more
28 dedicated staff may be hired if and when facility census gets higher. Therefore, the allegation is found to
29 be Unsubstantiated, meaning that although the allegation may have happened or is valid, there is not a
30 preponderance of evidence to prove the alleged violation did or did not occur.
31
32 An exit interview was conducted and a copy of this report was reviewed and left to facility
representative.

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Kevin Saborit-Guasch
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/14/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/14/2023

COMPLAINT INVESTIGATION REPORT

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PUBLIC**COMPLAINT CONTROL NUMBER: 22-AS-20230131162326****FACILITY NAME:** NEWPORT BEACH MEMORY CARE**FACILITY NUMBER:** 306005154**ADMINISTRATOR:**HADLEY, BRIAN**FACILITY TYPE:** 740**ADDRESS:** 1000 HALYARD**TELEPHONE:** (949) 220-9700**CITY:** NEWPORT BEACH**STATE:** CA**ZIP CODE:** 92663**CAPACITY:** 42**CENSUS:** 20**DATE:** 04/14/2023**UNANNOUNCED TIME BEGAN:**

12:30 AM

MET WITH: Erin Rehbein, Director of Marketing
Stephanie Garcia Rios, Wellness Director
Rogelio Martinez, Maintenance Director
Michelle Goodney, Administrator

TIME COMPLETED: 04:00 PM**ALLEGATION(S):**

- | | |
|---|--|
| 1 | 4/ Staff are not not sufficiently trained. |
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INVESTIGATION FINDINGS:

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|----|--|
| 1 | On this day, Licensing Program Analyst (LPA) Kevin Saborit-Guasch conducted an unannounced visit for the purpose of delivering findings in the investigation of the allegations listed above. LPA was greeted and granted entry by administrator Michelle Goodney after explaining the purpose of the visit and listing the allegations. |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | An initial visit was conducted on February 3, 2023. A tour of the physical plant was conducted with the administrator, and temperature measurements were taken. A sample of staff training records were reviewed. Staff schedules reviewed. Previous temperature measurements were taken during facility visits on January 4 and January 17, 2023. |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | Seven additional staff interviews were conducted during an investigation visit for complaint reference #22-AS-20221228101134 on March 6, 2023. |
| 12 | |
| 13 | CONTINUED ON FORM LIC9099-C |

Unfounded**Estimated Days of Completion:****NAME OF LICENSING PROGRAM MANAGER:** Sheila Santos**NAME OF LICENSING PROGRAM ANALYST:** Kevin Saborit-Guasch**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 04/14/2023

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 04/14/2023

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

LIC9099 (FAS) - (06/04)

Page: 3 of 7

Control Number 22-AS-20230131162326

NARRATIVE

1 CONTINUED FROM FORM LIC9099
 2
 3 Regarding the allegation that Staff are not sufficiently trained, the following has been concluded: Based
 4 on a review of a random sample of staff records reviewed during the initial investigation visit on
 5 February 3, 2023, all applicable training was found to have been adequately received and documented.
 6 A limited number of shifts are covered by Registry staff with potentially less knowledge of the facility's
 7 residents, however the placement agency is also responsible for ensuring that their provided staff have
 8 received the required training. Therefore, the allegation is found to be Unfounded, meaning that the
 9 allegation was false, could not have happened and/or is without a reasonable basis.
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 11 An exit interview was conducted and a copy of this report was reviewed and left to facility
 12 representative.
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Kevin Saborit-Guasch
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 04/14/2023

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 04/14/2023

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE & INLAND A/SC, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
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CAPACITY: 42	DATE: 04/14/2023
	UNANNOUNCED TIME BEGAN: 12:30 AM
MET WITH: Erin Rehbein, Director of Marketing Stephanie Garcia Rios, Wellness Director Rogelio Martinez, Maintenance Director Michelle Goodney, Administrator	TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1	1/ Staff are restraining residents while in care.
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INVESTIGATION FINDINGS:

1	On this day, Licensing Program Analyst (LPA) Kevin Saborit-Guasch conducted an unannounced visit for the purpose of delivering findings in the investigation of the allegations listed above. LPA was greeted and granted entry by administrator Michelle Goodney after explaining the purpose of the visit and listing the allegations.
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7	
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10	
11	Seven additional staff interviews were conducted during an investigation visit for complaint reference #22-AS-20221228101134 on March 6, 2023.
12	
13	CONTINUED ON FORM LIC9099-C

Substantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos	
NAME OF LICENSING PROGRAM ANALYST: Kevin Saborit-Guasch	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/14/2023

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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/14/2023
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 LIC9099 (FAS) - (06/04) Page: 5 of 7

Control Number 22-AS-20230131162326

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

FACILITY NAME: NEWPORT BEACH MEMORY CARE **FACILITY NUMBER:** 306005154
VISIT DATE: 04/14/2023

NARRATIVE	
1	CONTINUED FROM FORM LIC9099-A
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3	LPA additionally reviewed two Special Incident Reports submitted by the facility to the Department on March 17, 2023 and March 21, 2023 regarding two fall incidents that occurred during the use of the recliner seats with the legs in the upward position.
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7	A follow-up visit was conducted on this day, during which the Maintenance Director was interviewed and Medication Administration Records were reviewed.
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11	Regarding the allegation that Staff are restraining residents while in care, the following has been concluded: Based on interviews conducted and observations made during three separate tours of the physical plant, recliners were confirmed to have been in use in the upward position during each of the visits. Even though residents did not appear to exhibit signs of distress at the time, the Department later received two incident reports linked to fall incidents that occurred while the recliners were up and residents with limited mobility or impaired cognition were not able to exit the seats safely without staff assistance. As a result, the allegation that Staff are restraining residents while in care is deemed to be Substantiated, meaning that the preponderance of evidence standard has been met.
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20	A type B citation is issued regarding the deficiency substantiated during the investigation.

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 22 An exit interview was conducted and a copy of this report along with appeal rights were reviewed and
 23 left at the facility.
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Kevin Saborit-Guasch
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 04/14/2023

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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 ORANGE & INLAND A/SC, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
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FACILITY NAME: NEWPORT BEACH MEMORY CARE

FACILITY NUMBER: 306005154

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/14/2023

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 05/12/2023 Section Cited CCR 87608(a)(2)	1 The California Code of Regulations 2 Section 87608(a)(2) states that: 3 "Postural supports shall be fastened or 4 tied in a manner that permits quick 5 release by the resident." This 6 requirement is not met as evidenced 7 by: On multiple documented instances, residents were found to be unable to bring (...)	1 Licensee to provide in-service training 2 to care staff regarding the safe use of 3 the recliners with an emphasis making 4 sure to not impeded a resident's 5 personal right to ambulate and safely 6 ensuring the residents' ability to exit the 7 recliner if it is put up. Documentation of the training to be provided before POC due date
	8 (...) the legs of the recliner seat down, 9 contributing to a fall incident. This 10 constitutes a potential risk to the health, 11 safety and personal rights of the 12 individuals in care. 13 14	
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Kevin Saborit-Guasch
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 04/14/2023

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