

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005505
Report Date: 04/19/2022
Date Signed: 04/19/2022 12:08:37 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 **07/22/2021** and conducted by Evaluator Michelle Reed

	COMPLAINT CONTROL NUMBER: 22-AS-20210722114338
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FACILITY NAME: SELECT SENIOR CARE LLC	FACILITY NUMBER: 306005505
ADMINISTRATOR: DATCU, DANIEL	FACILITY TYPE: 740
ADDRESS: 1221 N BIG SPRING ST	TELEPHONE: (714) 695-9370
CITY: ANAHEIM	STATE: CA ZIP CODE: 92807
CAPACITY: 6	CENSUS: 6 DATE: 04/19/2022
MET WITH: Daniel Dactu and Carmen Daraban	UNANNOUNCED TIME BEGAN: 11:30 AM
	TIME COMPLETED: 12:15 PM

ALLEGATION(S):

1	Staff did not seek medical attention timely
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst Michelle Reed arrived at the facility to deliver findings of this complaint. Upon
2	arrival, LPA met with Carmen Daraban. Administrator Daniel Dactu was grocery shopping and arrived a
3	short while later. The investigation consisted of interviews with Administrator, staff and witnesses as well
4	as documentation. Resident #1(R1) was not interviewed due to his diagnosis or cognitive skills. The
5	following was determined:
6	
7	R1 was admitted into the facility on 7/8/21. According to records reviewed, R1 needed maximum
8	assistance and two people to transfer. He was unable to make his needs known due to his diagnosis and
9	required assistance with all Activities of Daily Living. Upon arrival to the facility interviews disclosed that
10	R1 was very stiff and had pain in his right leg and shoulder. R1 was assisted to the restroom by two staff.
11	Staff #1 stood by as R1 had a habit of trying to get up from the toilet. According to staff, R1 continued
12	having pain during transfers and changing. Medical attention was not sought by staff or the POA. On
13	7/17/21 R1's POA contacted 911. R1 was diagnosed with a hip fracture.
	(Continued)

Substantiated

Estimated Days of Completion:

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

DATE: 04/19/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/19/2022

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-20210722114338

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 (Cont)

FACILITY NAME: SELECT SENIOR CARE LLC

FACILITY NUMBER: 306005505

VISIT DATE: 04/19/2022

NARRATIVE

- 1 Based upon interviews and documentation, the preponderance of evidence standard has been met and
- 2 the above allegations are substantiated.
- 3
- 4 See attached LIC9099D for cited deficiencies per California Code of Regulations, (Title 22, Division 6,
- 5 Chapter 8).
- 6
- 7 An exit interview was conducted and a copy of this report and appeal rights were provided to Daniel
- 8 Dactu.
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NAME OF LICENSING PROGRAM ANALYST: Michelle Reed
LICENSING PROGRAM ANALYST SIGNATURE:

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LIC9099 (FAS) - (06/04)

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Control Number 22-AS-20210722114338

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: SELECT SENIOR CARE LLC

FACILITY NUMBER: 306005505

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/19/2022

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Request Denied Type A 04/20/2022 Section Cited CCR 87465(g)	1 Incidental Medical and Dental Care-The 2 licensee shall immediately telephone 9- 3 1-1 if an injury or other circumstance 4 has resulted in an imminent threat to a 5 resident's health including, but not 6 limited to, an apparent life-threatening 7 medical crisis. This requirement was not met as evidenced by:	1 Licensee understands that it is his 2 responsibility to ensure that residents 3 are regularly observed for changes in 4 physical, mental, emotional and social 5 functioning and that appropriate 6 assistance is provided to meet the 7 residents needs. Licensee agrees to provide proof of understanding of Section 87465 in writing by 4/20/22.
	8 On 7/8/21 Licensee noted that R1 had 9 pain in his right leg and shoulder. 10 Responsible party was made aware. 11 Licensee failed to seek medical 12 treatment or contact 911. R1's 13 responsible party contacted 911 on 14 7/17/21. R1 was diagnosed with a hip fracture. This poses an immediate health and safety risk as well as personal rights risk to residents.	
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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: Michelle Reed

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/19/2022

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