

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005642
Report Date: 08/02/2022
Date Signed: 08/02/2022 11:19:25 AM

Unfounded

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 **06/08/2022** and conducted by Evaluator Andrea Mendivil

	COMPLAINT CONTROL NUMBER: 22-AS-20220608142524
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FACILITY NAME: CROWN COVE	FACILITY NUMBER: 306005642
ADMINISTRATOR: KAMESHI TAYLOR	FACILITY TYPE: 740
ADDRESS: 3901 EAST COAST HIGHWAY	TELEPHONE: (949) 760-2800
CITY: CORONA DEL MAR	STATE: CA ZIP CODE: 92625
CAPACITY: 97	CENSUS: 33 DATE: 08/02/2022
MET WITH: Kameshi Taylor- Executive	UNANNOUNCED TIME BEGAN: 10:50 AM
	TIME COMPLETED: 11:30 AM

ALLEGATION(S):

1	Insufficient staffing to meet resident needs
2	Staff do not meet resident's toileting needs
3	Staff do not provide a safe environment for residents.
4	Residents are not served nutritious meals
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Andrea Mendivil conducted an unannounced complaint visit to deliver
2	findings on the above allegations. LPA was greeted and granted entry into the facility by Kameshi Taylor,
3	Executive Director, and explained the reason for the visit.
4	
5	During the course of the investigation, the Department interviewed staff, residents and witnesses as well
6	as reviewed and obtained pertinent documentation such as staff schedules, staffing agency invoices and
7	5 weeks' worth of menus. Regarding the allegations insufficient staffing to meet resident needs, staff do
8	not meet resident's toileting needs, staff do not provide a safe environment for residents and residents
9	are not served nutritious meals, the investigation revealed the following:
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Unfounded

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST: Andrea Mendivil
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/02/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/02/2022

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-20220608142524

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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: CROWN COVE

FACILITY NUMBER: 306005642

VISIT DATE: 08/02/2022

NARRATIVE

1 Based on interviews 4 out of 5 residents interviewed residents reported the staff is meeting all their
2 needs and feel taken care of. Interviews with 4 out of 5 residents reported they felt safe at the facility.
3
4 Interviews with 4 out of 5 residents indicated they liked the food provided at facility. The 5th resident,
5 Resident 5 (R5) was unable to be qualified due to not oriented to time and space. R5's family present at
6 time of interview and indicated staff checks on R5 at all times of the night and no issues with the facility.
7
8 Based on interviews with staff, 5 out of 6 denied not meeting resident's needs, toileting needs and
9 safety. The 6th staff, Staff 6 (S6) member was only asked about food at facility. Interviews with 2 out of 6
10 staff reported food is of good quality, as only 2 staff members were directly questioned about food
11 quality.
12
13 Therefore based on the preponderance of evidence gathered, interviews conducted, records reviewed
14 and observations made the allegations insufficient staffing to meet resident needs, staff do not meet
15 resident's toileting needs, staff do not provide a safe environment for residents and residents are not
16 served nutritious meals are all determined to be UNFOUNDED, meaning that the allegation was false,
17 could not have happened and/or is without a reasonable basis. This agency has investigated this
18 complaint and an exit interview was conducted with Kameshi Taylor, Executive Director and a copy of
19 this report and LIC 811 was provided at the time of exit.
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NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST: Andrea Mendivil
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/02/2022

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/02/2022

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