

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005835
Report Date: 02/06/2023
Date Signed: 02/14/2023 12:22:21 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 **10/26/2022** and conducted by Evaluator Celine DePerio

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20221026170408
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FACILITY NAME: KIRKWOOD ORANGE	FACILITY NUMBER: 306005835
ADMINISTRATOR: ZEHRA, SYED	FACILITY TYPE: 740
ADDRESS: 1525 E TAFT AVENUE	TELEPHONE: (714) 282-1409
CITY: ORANGE	STATE: CA
CAPACITY: 66	ZIP CODE: 92865
MET WITH: Executive Director-Sarah John	DATE: 02/06/2023
	UNANNOUNCED TIME BEGAN: 09:16 AM
	TIME COMPLETED: 12:00 PM

ALLEGATION(S):

1	Resident sustained a fracture while in care.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Celine De Perio made an unannounced visit to this facility. LPA De
2	Perio met with Facility Administrator, Sarah John and stated the purpose of this visit which was to deliver
3	the final findings for the complaint received on 10/26/22 against this facility.
4	
5	
6	This agency has investigated the complaint alleging that resident sustained a fracture while in care. LPA
7	De Perio conducted file reviews and interviews with staff and residents. During the investigation, LPA
8	was informed that the facility conducted an internal investigation about this incident, and formulated 1 out
9	of the 2 conclusions:
10	
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13	

Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Luz Adams
NAME OF LICENSING PROGRAM ANALYST: Celine DePerio
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/06/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/06/2023

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 3

Control Number 22-AS-20221026170408

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: KIRKWOOD ORANGE

FACILITY NUMBER: 306005835

VISIT DATE: 02/06/2023

NARRATIVE

- 1 1) Resident's legs are pointed inwards, and the NOC shift caregiver who was assigned to the resident
- 2 "was not paying attention" to the direction of the resident's legs and moved it the wrong way when it was
- 3 time to change the resident's diaper.
- 4
- 5 2) The resident moved her legs the wrong way on her own and her leg may have gotten leg stuck
- 6 between the wall and bed. The NOC shift caregiver who was assigned to resident may have observed
- 7 the injury upon changing resident's diaper, however, failed to report the incident and observation made
- 8 to a supervisor.
- 9
- 10 Based on LPAs observations and interviews which were conducted and record reviews, the
- 11 preponderance of evidence standard has been met, therefore the above allegation is found to be
- 12 SUBSTANTIATED.
- 13
- 14 For today's visit, deficiencies were issued per Title 22, California Code of Regulations.
- 15
- 16 LPA De Perio conducted an exit interview with Facility Administrator, Sarah John, and a copy of this
- 17 report was provided to the facility.
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NAME OF LICENSING PROGRAM MANAGER: Luz Adams
NAME OF LICENSING PROGRAM ANALYST: Celine DePerio
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/06/2023

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/06/2023

LIC9099 (FAS) - (06/04)

Page: 2 of 3

Control Number 22-AS-20221026170408

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** KIRKWOOD ORANGE**FACILITY NUMBER:** 306005835**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 02/06/2023

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/06/2023 Section Cited CCR 87464(f)(1)	1 87464 Basic Services 2 3 (f) Basic services shall at a minimum 4 include: 5 (1) Care and supervision as defined in 6 Section 87101(c)(3) and Health and 7 Safety Code section 1569.2(c).	1 As plan of correction (POC), facility 2 administrator will provide training to 3 staff regarding the indicated regulation 4 and will obtain a signed and dated 5 document of staff present during 6 training. Facility will provide POC to 7 assigned LPA on or by 2/20/23.
	8 This standard is not met as evidenced 9 by: 10 Based on observation, record reviews 11 and interviews, facility did not comply 12 with the section cited above. Facility 13 administrator confirmed with LPA that 14 resident did sustain a fracture while in care and that staff on duty failed to report it.	
	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: Luz Adams**NAME OF LICENSING PROGRAM ANALYST:** Celine DePerio**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 02/06/2023**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 02/06/2023