

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006180

Report Date: 10/24/2023

Date Signed: 10/24/2023 04:04:44 PM

Unsubstantiated

| | |
|--|---|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 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 **07/07/2023** and conducted by Evaluator Kevin Saborit-Guasch

| | |
|---------------|---|
| PUBLIC | COMPLAINT CONTROL NUMBER: 22-AS-20230707142754 |
|---------------|---|

| | |
|--|---|
| FACILITY NAME: VIVANTE NEWPORT CENTER | FACILITY NUMBER: 306006180 |
| ADMINISTRATOR: FOOTE, LIANA | FACILITY TYPE: 740 |
| ADDRESS: 850 SAN CLEMENTE DR | TELEPHONE: (760) 547-2863 |
| CITY: NEWPORT BEACH | STATE: CA |
| CAPACITY: 150 | ZIP CODE: 92660 |
| | CENSUS: 77 |
| | DATE: 10/24/2023 |
| | UNANNOUNCED TIME BEGAN: 02:00 PM |
| MET WITH: Mirella Manjarrez, Assistant Executive Director | TIME COMPLETED: 04:15 PM |

ALLEGATION(S):

| | |
|---|--|
| 1 | Staff failed to meet resident's medical needs |
| 2 | |
| 3 | Resident sustained multiple falls due to neglect |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |

INVESTIGATION FINDINGS:

| | |
|----|---|
| 1 | On this day, Licensing Program Analyst (LPA) Kevin Saborit-Guasch made an unannounced visit to the |
| 2 | facility for the purpose of delivering findings into the investigation of the two allegations listed above. LPA |
| 3 | was greeted and granted entry by Assistant Executive Director Mirella Manjarrez after stating the reason |
| 4 | for the visit. |
| 5 | |
| 6 | An initial complaint investigation visit was conducted on July 14, 2023. LPA accompanied by |
| 7 | administrator toured the Memory Care unit. LPA requested, obtained and reviewed resident records for |
| 8 | two residents. Additional staff and witness interviews were conducted. Medical records were obtained |
| 9 | from Hoag Health through a subpoena and subsequently reviewed. |
| 10 | |
| 11 | CONTINUED ON FORM LIC9099-C |
| 12 | |
| 13 | |

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Kevin Saborit-Guasch
LICENSING PROGRAM ANALYST SIGNATURE: **DATE:** 10/24/2023

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 10/24/2023

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 4

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/07/2023** and conducted by Evaluator Kevin Saborit-Guasch

COMPLAINT CONTROL NUMBER: 22-AS-20230707142754

FACILITY NAME: VIVANTE NEWPORT CENTER **FACILITY NUMBER:** 306006180
ADMINISTRATOR:FOOTE, LIANA **FACILITY TYPE:** 740
ADDRESS: 850 SAN CLEMENTE DR **TELEPHONE:** (760) 547-2863
CITY: NEWPORT BEACH **STATE:** CA **ZIP CODE:** 92660
CAPACITY: 150 **CENSUS:** 77 **DATE:** 10/24/2023
MET WITH: Mirella Manjarrez, Assistant Executive Director **UNANNOUNCED TIME BEGAN:** 02:00 PM
COMPLETED: 04:15 PM

- ALLEGATION(S):**
- 1 Residents sustained bed sores due to neglect
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9

INVESTIGATION FINDINGS:

- 1 On this day, Licensing Program Analyst (LPA) Kevin Saborit-Guasch made an unannounced visit to the
- 2 facility for the purpose of delivering findings into the investigation of the allegation listed above. LPA was
- 3 greeted and granted entry by Assistant Executive Director Mirella Manjarrez after stating the reason for
- 4 the visit.
- 5
- 6 An initial complaint investigation visit was conducted on July 14, 2023. LPA accompanied by
- 7 administrator toured the Memory Care unit. LPA requested, obtained and reviewed resident records for
- 8 two residents. Additional staff and witness interviews were conducted. Medical records were obtained
- 9 from Hoag Health through a subpoena and subsequently reviewed.
- 10
- 11 CONTINUED ON FORM LIC9099-C
- 12
- 13

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Kevin Saborit-Guasch
LICENSING PROGRAM ANALYST SIGNATURE: **DATE:** 10/24/2023

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 10/24/2023

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 2 of 4

Control Number 22-AS-20230707142754

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

FACILITY NAME: VIVANTE NEWPORT CENTER **FACILITY NUMBER:** 306006180
VISIT DATE: 10/24/2023

NARRATIVE

| | |
|----|--|
| 1 | CONTINUED FROM FORM LIC9099-A |
| 2 | |
| 3 | Regarding the allegation that <i>Residents sustained bed sores due to neglect</i> , the following has been |
| 4 | concluded: Based on a review of medical records which include four separate physical examinations |
| 5 | performed by multiple attending physicians on June 7, June 16, June 17 and June 18, 2023, there was |
| 6 | no noted presence of pressure injuries that would have been sustained by R1 during their admission at |
| 7 | the facility. As a result, the allegation is found to be Unfounded, meaning that the allegation is false, |
| 8 | could not have happened and/or is without a reasonable basis. |
| 9 | |
| 10 | An exit interview was conducted and a copy of this report was provided to a facility representative. |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | |
| 18 | |
| 19 | |
| 20 | |
| 21 | |
| 22 | |
| 23 | |
| 24 | |
| 25 | |
| 26 | |
| 27 | |
| 28 | |
| 29 | |
| 30 | |
| 31 | |
| 32 | |

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Kevin Saborit-Guasch
LICENSING PROGRAM ANALYST SIGNATURE: **DATE:** 10/24/2023

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 10/24/2023

LIC9099 (FAS) - (06/04) Page: 3 of 4
Control Number 22-AS-20230707142754

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

FACILITY NAME: VIVANTE NEWPORT CENTER **FACILITY NUMBER:** 306006180
VISIT DATE: 10/24/2023

NARRATIVE

1 CONTINUED FROM FORM LIC9099

2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

Regarding the allegation that *Staff failed to meet resident's medical needs*, the following has been concluded: Based on interviews and records reviewed, resident R1's condition started declining due to the onset of pneumonia. Hospital records reviewed did not point out any new or worsening health condition which could be attributable to inadequate care. Each instance of concern about the resident's health was addressed by a referral to the paramedics and transport to the hospital. A failure to meet R1's medical needs can therefore not be evidenced. The allegation is therefore found to be unsubstantiated, meaning that although the allegation may have happened or is valid, there is not a preponderance of evidence to prove that the alleged violation did occur.

Regarding the allegation that *Resident sustained multiple falls due to neglect*, the following has been concluded: A review of available records evidenced two separate unwitnessed falls occurring on June 6 and June 17, 2023. In both instances, paramedics were activated for evaluation and R1 was transported to the Emergency Department for evaluation and wound care as is required by Title 22 regulations. Facility additionally reported the hospital visits to the Department. However the evidence gathered cannot establish a direct relation between the falls and inadequate care and supervision by facility staff. Shortly after the second fall, the resident was diagnosed with sepsis related by a respiratory infection which may also have contributed to the occurrence of the fall. As a result, the allegation is found to be Unsubstantiated, meaning that although the allegation may have happened or is valid, there is not a preponderance of evidence to prove that the alleged violation did occur.

An exit interview was conducted and a copy of the present report was provided to a facility representative.

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

DATE: 10/24/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/24/2023