

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006189
Report Date: 05/17/2023
Date Signed: 06/19/2023 09:01:42 AM

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 **12/12/2022** and conducted by Evaluator Sean Haddad

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20221212121518
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FACILITY NAME: KAEGO'S RICHMAN GARDENS	FACILITY NUMBER: 306006189
ADMINISTRATOR: HARVEY, LUPE	FACILITY TYPE: 740
ADDRESS: 317 N. RICHMAN GARDENS	TELEPHONE: (213) 478-0460
CITY: FULLERTON	STATE: CA
CAPACITY: 26	ZIP CODE: 92831
MET WITH: Rosalba Maldonado	CENSUS: 22
	DATE: 05/17/2023
	UNANNOUNCED TIME BEGAN: 07:45 AM
	TIME COMPLETED: 09:25 AM

ALLEGATION(S):

1	Licensee had liability insurance that did not include required coverage for resident's injuries
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INVESTIGATION FINDINGS:

1	This is an amended report.
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3	This unannounced subsequent complaint inspection is being conducted by Licensing Program Analyst
4	(LPA) Sean Haddad for the purpose of delivering findings for the investigation into the above identified
5	complaint allegation. The LPA met with Staff #1 (S1) Rosalba Maldonado and explained the reason for
6	today's inspection. There was concern that the Licensee representative had liability insurance that did
7	not include the required coverage for resident's injuries.
8	
9	On 12/13/2022, LPA Sean Haddad conducted the initial 10-day complaint investigation and conducted
10	interviews from 8:00 a.m. to 12:00 p.m., along with reviewing and/or obtaining copies of the resident
11	roster, staff roster and insurance records. Facility staff stated that this facility had liability insurance with
12	an effective date of 08/26/2022. Further investigation was required.
13	

Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero

NAME OF LICENSING PROGRAM ANALYST: Sean Haddad

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/17/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/17/2023

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-20221212121518

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: KAEGO'S RICHMAN GARDENS

FACILITY NUMBER: 306006189

VISIT DATE: 05/17/2023

NARRATIVE

- 1 On 12/14/2022 the LPA reviewed the insurance records for clarification. Licensee presented multiple
2 Certificate of Liability Insurance.
3
- 4 The Certificate of Liability Insurance dated 09/02/2022 for Policy Number ending in 191-0 shows an
5 effective date of 08/26/2022 thru ending date of 8/26/2023. This corroborates with the facility staff's
6 statement. This certificate indicates the coverage of limits one million dollars (\$1,000,000) per
7 occurrence and three million dollars (\$3,000,000) in the total annual aggregate. However, this certificate
8 states that this policy is shared by this facility and six (6) other facilities, meaning this policy does not
9 provide the required coverage of one million dollars (\$1,000,000) per occurrence and three million
10 dollars (\$3,000,000) in the total annual aggregate for this facility.
11
- 12 On 12/6/2022, the Policy Number ending in 191-0 dated 9/2/2022 was rewritten into Policy Number
13 ending in [Bentley Suites: 493-0; Henrietta's Leven Oaks: 499-0; Kaego's Richman Gardens: 501-0;
14 Bentley House: 496-0; Bentley Manor: 498-0; Bentley Hills: 492-0; Henrietta's Home: 500-0] and there
15 was no gap between these policies since 08/26/2022 thru ending date of policy of 8/26/23. This is a
16 separate, stand-alone business liability insurance for this facility.
17
- 18 An Insurance Binder dated 12/08/2022 for Policy Number ending in [Bentley Suites: 493-0; Henrietta's
19 Leven Oaks: 499-0; Kaego's Richman Gardens: 501-0; Bentley House: 496-0; Bentley Manor: 498-0;
20 Bentley Hills: 492-0; Henrietta's Home: 500-0] identified multiple policy exclusions, including exclusions
21 for "Infestation", "Bedsore", "Elopement (General Liability)", and "Treatment of Coronavirus". Per
22 witness interview, the exclusion for "Bedsore" means that this policy does not cover resident injuries
23 due to bedsore if there is evidence of negligence on the part of the Licensee. Witnesses also stated
24 that the exclusions for "Infestation" and "Elopement (General Liability)" mean that the Licensee is not
25 responsible for obtaining insurance for injuries to residents from infestations and elopements. Due to the
26 exclusions, this policy does not include the required coverage for resident injuries caused by the
27 negligent acts or omissions to act of, or neglect by, the Licensee or its employees.
28
29
- 30 The Certificate of Liability Insurance dated 12/13/2022 for policy number ending in [Bentley Suites: 493-
31 0; Henrietta's Leven Oaks: 499-0; Kaego's Richman Gardens: 501-0; Bentley House: 496-0; Bentley
32 Manor: 498-0; Bentley Hills: 492-0; Henrietta's Home: 500-0] shows an effective date of 12/06/2022.

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero

NAME OF LICENSING PROGRAM ANALYST: Sean Haddad

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/17/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/17/2023

LIC9099 (FAS) - (06/04)

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Control Number 22-AS-20221212121518

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** KAEGO'S RICHMAN GARDENS**FACILITY NUMBER:** 306006189**VISIT DATE:** 05/17/2023**NARRATIVE**

1 While the Licensee had insurance policies in place from 08/26/2022, the policies [Bentley Suites: 493-0;
2 Henrietta's Leven Oaks: 499-0; Kaego's Richman Gardens: 501-0; Bentley House: 496-0; Bentley
3 Manor: 498-0; Bentley Hills: 492-0; Henrietta's Home: 500-0] did not provide the required coverage due
4 to the exclusions they contained; and, because this facility was sharing a single policy with six (6) other
5 facilities (Bentley Suites 198320302; Henrietta's Leven Oaks 198603586; Kaego's Richman Gardens
6 306006189; Bentley House 198320303; Bentley Manor 198320301; Bentley Hills 195850277;
7 Henrietta's Home 198603585).

8
9 Based on the investigation conducted by the Department it was determined that between 08/26/2022
10 and 12/06/2022, this facility did not have its own liability insurance coverage that is compliant with Title
11 22 Regulations. As a result, the above-mentioned allegation is being substantiated. Please see
12 LIC9099D for cited deficiencies per Title 22 Division 6 of the California Code of Regulations.

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14 An exit interview was conducted and a copy of this report and appeal rights was discussed with and
15 provided to facility representative.

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17 This is an amended report.
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NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero**NAME OF LICENSING PROGRAM ANALYST:** Sean Haddad**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 05/17/2023

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 05/17/2023

LIC9099 (FAS) - (06/04)

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Control Number 22-AS-20221212121518**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** KAEGO'S RICHMAN GARDENS**FACILITY NUMBER:** 306006189**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 05/17/2023

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Request Denied Type A 05/24/2023	1 ... all residential care facilities for the 2 elderly ... shall maintain liability 3 insurance covering injury to residents	1 Licensee stated they will obtain liability 2 insurance that complies with Health & 3

Section Cited HSC 1569.605	4 and guests in the amount of at least 5 one million dollars (\$1,000,000) per 6 occurrence and three million dollars 7 (\$3,000,000) in the total annual aggregate, caused by the negligent acts or omissions to act of, or neglect by, the licensee	4 Safety Code section 1569.605 and 5 submit proof to LPA by POC due date. 6 7
	8 or its employees. This requirement was 9 not met as evidenced by: Based on 10 interviews and records review, the 11 licensee did not maintain liability 12 insurance covering injury to residents 13 and guests in the amounts specified 14 which posed an immediate Health, Safety, or Personal Rights risk to up to 26 persons in care.	8 9 10 11 12 13 14
	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: Armando J Lucero NAME OF LICENSING PROGRAM ANALYST: Sean Haddad LICENSING PROGRAM ANALYST SIGNATURE:		DATE: 05/17/2023
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/17/2023
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LIC9099 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
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ADDRESS: 317 N. RICHMAN GARDENS	TELEPHONE: (213) 478-0460
CITY: FULLERTON	ZIP CODE: 92831
CAPACITY: 26	DATE: 05/17/2023
MET WITH: Rosalba Maldonado	UNANNOUNCED TIME BEGAN: 07:45 AM
	TIME COMPLETED: 09:25 AM

ALLEGATION(S):

1 Licensee misrepresented to the Department that they have liability insurance
2 The Licensee has no current liability insurance
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INVESTIGATION FINDINGS:

1 This is an amended report.
2
3 This unannounced subsequent complaint inspection is being conducted by Licensing Program Analyst
4 (LPA) Sean Haddad for the purpose of delivering findings for the investigation into the above identified
5 complaint allegations. The LPA met with Staff #1 (S1) Rosalba Maldonado and explained the reason for
6 today's inspection. There was concern that the Licensee representative misrepresented to the
7 Department that they had liability insurance.
8
9 On 12/13/2022, LPA Sean Haddad conducted the initial 10-day complaint investigation and conducted
10 interviews from 8:00 a.m. to 12:00 p.m., along with reviewing and/or obtaining copies of the resident
11 roster, staff roster and insurance records. Interviews conducted with facility staff and witnesses revealed
12 that facility was actively working with multiple insurance agencies to finalize the policy to comply with Title
13 22 Regulations.

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero

NAME OF LICENSING PROGRAM ANALYST: Sean Haddad

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Control Number 22-AS-202212121518

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**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: KAEGO'S RICHMAN GARDENS

FACILITY NUMBER: 306006189

VISIT DATE: 05/17/2023

NARRATIVE

1 The licensee had current liability insurance, however this facility did not have its own liability insurance.
2 Based on review of the policies submitted to the Department between 08/26/2022 and 12/06/2022 there
3 is insufficient information to support the allegations.
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5 An exit interview was conducted and a copy of this report and appeal rights was discussed with and
6 provided to facility representative.
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8 This is an amended report.
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