

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006189
Report Date: 11/17/2022
Date Signed: 11/17/2022 04:01:09 PM

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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
FACILITY EVALUATION REPORT	

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
TYPE OF VISIT: Case Management - Incident	CENSUS: 16
MET WITH: Rebecca Ramos	DATE: 11/17/2022
	UNANNOUNCED TIME BEGAN: 03:25 PM
	TIME COMPLETED: 04:15 PM

NARRATIVE	
1	This unannounced case management inspection is being conducted by Licensing Program Analyst
2	(LPA) Sean Haddad for the purpose of following up on a self-reported incident report received in the
3	Orange County Regional Office (OCRO) on 11/14/22 regarding Resident #1 (R1) and Resident #2 (R2).
4	LPA met with Staff #1 (S1) Rebecca Ramos and discussed the purpose of the inspection.
5	
6	The incident report states that on 11/13/22, R1 attacked their roommate, R2, with a dresser drawer; R1
7	and R2 were immediately separated by facility staff; facility staff called 911 to request a 5150 evaluation;
8	R2 was treated at a local hospital and returned a few hours later; the police took R1 to the county jail
9	due to the nature of the incident; and R1's family decided to remove R1 from the facility after the
10	incident.
11	
12	During today's inspection, LPA conducted a health and safety check on R2 and observed that R2 had
13	minor bruises but was otherwise in good health and was able to walk and LPA observed no health and
14	safety issues. Long Term Care Ombudsman (LTCO) Jeannie Noh was present and interviewed R2 in
15	Korean and stated that R2 stated that they are doing fine, but that R2 did not remember the incident.
16	LPA interviewed S1 who reiterated the information provided in the incident report. LPA requested and
17	reviewed a copy of R1's resident file.
18	
19	Facility representative was advised that at this time further investigation may be required. An exit
20	interview was conducted and a copy of this report was discussed with and provided to facility
21	representative.
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero
NAME OF LICENSING PROGRAM ANALYST: Sean Haddad

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/17/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/17/2022

This report must be available at Child Care and Group Home facilities for public review for 3 years.