

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 336405886
Report Date: 08/06/2024
Date Signed: 08/06/2024 02:11:49 PM

Unfounded

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507 |
| COMPLAINT INVESTIGATION REPORT | |

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/05/2024** and conducted by Evaluator Stephanie Martinez

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| | COMPLAINT CONTROL NUMBER: 18-AS-20240805130411 |
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| FACILITY NAME: INTEGRATED CARE COMMUNITIES - B2 | FACILITY NUMBER: 336405886 |
| ADMINISTRATOR: EMELY C. RODRIGUEZ | FACILITY TYPE: 740 |
| ADDRESS: 14315 NASON STREET | TELEPHONE: (951) 601-9170 |
| CITY: MORENO VALLEY | STATE: CA ZIP CODE: 92555 |
| CAPACITY: 20 | CENSUS: 17 DATE: 08/06/2024 |
| MET WITH: Emely Rodriguez, Administrator | UNANNOUNCED TIME BEGAN: 09:10 AM |
| | TIME COMPLETED: 02:10 PM |

ALLEGATION(S):

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| 1 | Staff did not refill resident's medication prescription in timely manner. |
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INVESTIGATION FINDINGS:

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| 1 | Licensing Program Analyst (LPA), Stephanie Martinez, conducted an unannounced visit to the facility to |
| 2 | start the investigation into the above allegations. The LPA met with Administrator, Emely Rodriguez, and |
| 3 | informed her of the purpose for the visit. |
| 4 | |
| 5 | A report was received by the Department alleging one medication was not refilled in time to administer to |
| 6 | Resident One (R1) by the resident's medical provider on 08/02/2024 or 08/03/2024. The LPA's |
| 7 | investigation included interviews with relevant parties; a review of records; and collection of relevant |
| 8 | documentation. The LPA conducted a medication audit of R1's medications. Two medication containers |
| 9 | were observed to be available at the facility for the medication in question. Both medication bottles had |
| 10 | contents available for the administration of the medication. The LPA reviewed the Medication |
| 11 | Administration Record (MAR) for August 2024 and observed staff initials to suggest the medication was |
| 12 | administered on 08/01/2024 and on 08/03/2024. No staff initials were present for 08/02/2024. A |
| 13 | representative of the resident's medical provider was |

Unfounded

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Riksha Stamps
NAME OF LICENSING PROGRAM ANALYST: Stephanie Martinez
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/06/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/06/2024

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 18-AS-20240805130411

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
RIVERSIDE, CA 92507

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: INTEGRATED CARE COMMUNITIES - B2

FACILITY NUMBER: 336405886

VISIT DATE: 08/06/2024

NARRATIVE

1 interviewed and reported a visit to the facility was made by the representative during the first week of
2 August 2024 there was no need to administer the medication at that time. Therefore, based on interview
3 and observation, this allegation is deemed UNFOUNDED. A finding that the complaint is unfounded
4 means that the allegation is false, could not have happened, and/or is without a reasonable basis.

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6 This report was reviewed with Administrator Rodriguez and a copy of the report was provided.
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NAME OF LICENSING PROGRAM MANAGER: Riksha Stamps
NAME OF LICENSING PROGRAM ANALYST: Stephanie Martinez
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/06/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/06/2024

LIC9099 (FAS) - (06/04)

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COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/05/2024** and conducted by Evaluator Stephanie Martinez

COMPLAINT CONTROL NUMBER: 18-AS-
20240805130411

FACILITY NAME: INTEGRATED CARE COMMUNITIES - B2 **FACILITY NUMBER:** 336405886
ADMINISTRATOR: EMELY C. RODRIGUEZ **FACILITY TYPE:** 740
ADDRESS: 14315 NASON STREET **TELEPHONE:** (951) 601-9170
CITY: MORENO VALLEY **STATE:** CA **ZIP CODE:** 92555
CAPACITY: 20 **CENSUS:** UNANNOUNCED **DATE:** 08/06/2024
MET WITH: Emely Rodriguez, Administrator **TIME BEGAN:** 09:10 AM
COMPLETED: 02:10 PM

ALLEGATION(S):

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| 1 | Staff does not keep an accurate medical log for residents. |
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INVESTIGATION FINDINGS:

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|----|---|
| 1 | Licensing Program Analyst (LPA), Stephanie Martinez, conducted an unannounced visit to the facility to |
| 2 | start the investigation into the above allegations. The LPA met with Administrator, Emely Rodriguez, and |
| 3 | informed her of the purpose for the visit. |
| 4 | |
| 5 | A report was received by the Department alleging the facility was not keeping an accurate medical log |
| 6 | relating to alleged discrepancies for Resident One's (R1's) medications. The LPA's investigation included |
| 7 | interviews with relevant parties; a review of records; and collection of relevant documentation. The LPA |
| 8 | conducted a medication audit of R1's medications in question. No discrepancies were observable to the |
| 9 | LPA as both medications are prescribed as PRNs (Pro Re Nata) and to be given as needed. Staff |
| 10 | interviews reported both staff and personnel responsible for R1's medical care have administered both |
| 11 | medications; though only facility personnel document the times they administer the medication. The LPA |
| 12 | reviewed the Medication Administration Record (MAR) for June, July and August 2024. No observable |
| 13 | discrepancies were found. A representative of the company that provides medical care to R1 was |
| | interviewed and reported no concerns |

Unsubstantiated**Estimated Days of Completion:**

NAME OF LICENSING PROGRAM MANAGER: Rikeshia Stamps
NAME OF LICENSING PROGRAM ANALYST: Stephanie Martinez
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/06/2024

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/06/2024

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 18-AS-20240805130411

NARRATIVE

1 have been observed when they have reviewed the resident's medications and medication records.
2 Therefore, this allegation is deemed UNSUBSTANTIATED at this time. A finding that the complaint is
3 unsubstantiated means that although the allegation may have happened or is valid, there is not a
4 preponderance of the evidence to prove that the alleged violation occurred.

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6 This report was reviewed with Administrator Rodriguez and a copy of the report was provided.
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NAME OF LICENSING PROGRAM MANAGER: Rikeshia Stamps
NAME OF LICENSING PROGRAM ANALYST: Stephanie Martinez
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/06/2024

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/06/2024