

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 347000389
Report Date: 06/18/2021
Date Signed: 06/18/2021 02:16:41 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 520 COHASSET RD., STE. 170 CHICO, CA 95926
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/08/2021** and conducted by Evaluator Sabrina Calzada

PUBLIC	COMPLAINT CONTROL NUMBER: 27-AS-20210308110635
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FACILITY NAME: ATRIA EL CAMINO GARDENS	FACILITY NUMBER: 347000389
ADMINISTRATOR: RIST, ALICIA	FACILITY TYPE: 740
ADDRESS: 2426 GARFIELD AVE	TELEPHONE: (916) 488-5722
CITY: CARMICHAEL	STATE: CA
CAPACITY: 325	ZIP CODE: 95608
	CENSUS: 84
MET WITH: Shannon Yeoman, Asst. Administrator	DATE: 06/18/2021
	UNANNOUNCED TIME BEGAN: 02:00 PM
	TIME COMPLETED: 02:20 PM

ALLEGATION(S):

1	Staff made resident feel uncomfortable.
2	
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9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Sabrina Calzada arrived unannounced to deliver complaint findings to a
2	complaint the department received on 3/8/2021. LPA met with Shannon Yeoman, Asst. Administrator, and
3	explained purpose of inspection. Prior to initiating today's inspection, LPA completed required COVID-19
4	testing protocols, and a daily self-screening questionnaire for symptoms of COVID-19 infection to affirm
5	no COVID-19 related symptoms. LPA ensured they applied hand sanitizer before entering the facility and
6	the following Personal Protective Equipment (PPE) was worn: surgical mask. LPA confirmed there are
7	currently no Covid cases at the community.
8	
9	During the course of the investigation, LPA interviewed Administrator, staff (S1) and the Ombudsman.
10	Additionally, LPA reviewed documentation for resident (R1) including: physician's report, care plan,
11	charting notes, Unusual incident/injury report (LIC624), notification to physician and written statements
12	obtained during internal investigation.
13	
	The results of the investigation are as follows:

cont on 9099C..

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty
NAME OF LICENSING PROGRAM ANALYST: Sabrina Calzada
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/18/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/18/2021

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 2

Control Number 27-AS-20210308110635

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 520 COHASSET RD., STE. 170
CHICO, CA 95926

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: ATRIA EL CAMINO GARDENS

FACILITY NUMBER: 347000389

VISIT DATE: 06/18/2021

NARRATIVE

1 Allegation involves resident (R1) stating to family members on/around 3/6/2021 that she felt
2 uncomfortable with the male staff (S1) who escorted her to the dining room that morning. Resident's
3 family members stated that resident indicated she felt uneasy when staff was around her or in her room
4 having a conversation with her, but she did not indicate that she was abused in any way. Resident
5 resided in the Memory Care unit of the facility and had a diagnosis of Dementia per the physician's
6 report dated 2/13/2021.
7
8 LPA reviewed resident charting notes dated from 3/6/2021 - 3/8/2021 which included emails between
9 resident's representatives and facility directors. On 3/6/2021, notes document that the Memory Care
10 Director received an email in the afternoon from resident's representative to inform her of possible
11 inappropriate comments and/or behavior from staff (S1) to resident (R1) and responded approximately
12 30 minutes later by calling resident's representatives. The Memory Care Director indicated that no male
13 care staff would provide any care to resident (R1) to ensure she "feels comfortable and safe" and that all
14 staff receive annual training regarding elder abuse. A follow up email was sent by the Administrator on
15 3/6/2021 to resident's representatives to inform them that an internal investigation was started and that
16 staff (S1) was removed, along with other males, from providing any assistance to resident.
17
18 Documentation reviewed shows a letter was faxed to resident's physician on 3/9/2021 and a completed
19 SOC341 was faxed to the Ombudsman and to the department on 3/8/2021 reporting potential abuse.
20 Additionally, a (LIC624) was faxed to the department on 3/8/2021 following the incident.
21 LPA reviewed written statements obtained from facility directors during the internal investigation which
22 resulted in unsubstantiated findings. LPA spoke with Ombudsman who also investigated the allegation
23 and was not able to substantiate findings; however, requested that the facility conduct an In-Service
24 training on appropriate interaction with residents. LPA was provided with documentation from the
25 Administrator of In-Service training done on 3/16/2021. LPA interviewed staff (S1) who stated that he
26 only provided care to resident (R1) "a couple of times" and resident did not accuse him of anything and
27 on 3/6/2021 when he escorted resident to the dining room, he was not providing care to her at that time.
28 Staff (S1) confirmed he has received training on appropriate interactions with residents.
29
30 Based on information obtained, LPA finds the allegation to be UNSUBSTANTIATED- meaning that
31 although the allegation may have happened or is valid, there is not a preponderance of the evidence to
32 prove that the alleged violation occurred.
Exit interview. Copy of report given and appeal rights printed.

NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty
NAME OF LICENSING PROGRAM ANALYST: Sabrina Calzada
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/18/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/18/2021