

# Department of SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 347004958  
Report Date: 11/05/2020  
Date Signed: 11/05/2020 04:29:23 PM

## Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 2525 NATOMAS PARK DR. STE.270 SACRAMENTO, CA 95833
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/04/2020** and conducted by Evaluator Anthony Tuck

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 27-AS-20200604093525</b>
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<b>FACILITY NAME:</b> SIEBENTHAL CARE HOME	<b>FACILITY NUMBER:</b> 347004958
<b>ADMINISTRATOR:</b> SIEBENTHAL, ERMELINDA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 7948 HUNTS RUN WAY	<b>TELEPHONE:</b> (916) 689-3595
<b>CITY:</b> SACRAMENTO	<b>STATE:</b> CA
<b>CAPACITY:</b> 6	<b>ZIP CODE:</b> 95828
<b>MET WITH:</b> ERMELINDA SIEBENTHAL	<b>CENSUS:</b> 5
	<b>DATE:</b> 11/05/2020
	<b>UNANNOUNCED TIME BEGAN:</b> 04:00 PM
	<b>TIME COMPLETED:</b> 04:30 PM

### ALLEGATION(S):

1	Facility staff are not meeting the resident's diapering needs
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3	Facility staff are using restraints on resident
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Anthony Tuck called the facility on 11/05/2020 at 4:00pm LPA spoke
2	with Administrator (AD) Ermelinda Siebenthal to deliver findings and close complaint investigation. LPA
3	conducted investigation by visiting the facility on 06/09/2020, LPA interviewed Administrator, other
4	Resident, and Residents Responsible Party at facility. LPA interviewed Hospice Nurse Aide 06/25/2020,
5	LPA obtained photographs of alleged violations along with copies of weekly fluid intake, Appraisal/needs
6	service plan, physician report and pertinent documents such as communication letters faxed to the
7	doctor. email communications from responsible party and administrator and copies of medical
8	appointment summary for resident. Based on the investigation, LPA found the administrator failed to
9	ensure that the resident was checked throughout the night for incontinence care from photographs
10	provided by the hospice care nurse showing that the resident is being placed in a diaper and a pull-up
11	and found soaked through each morning when hospice care comes to tend to the resident. LPA obtained
12	a copy of the fluid intake for the resident indicating fluid intake for morning evening and night. The
13	administrator also admits to placing a diaper and a pull up on the resident during the interview.
	9099 continued...

**Substantiated**

**Estimated Days of Completion:**

**SUPERVISOR'S NAME:** Stephenie Doub  
**LICENSING EVALUATOR NAME:** Anthony Tuck  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/05/2020

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/05/2020

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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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 2525 NATOMAS PARK DR.  
STE.270  
SACRAMENTO, CA 95833

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

**FACILITY NAME:** SIEBENTHAL CARE HOME

**FACILITY NUMBER:** 347004958

**VISIT DATE:** 11/05/2020

**NARRATIVE**

1 LPA was informed by the administrator during the interview that she failed to obtain approval from a  
2 medical physician for use of a postural support prior to use with resident.  
3 LPA obtained additional documentation from an email communication sent from the administrator that  
4 approval for the support strap was given by the doctor after the complaint had been filed.  
5  
6 The preponderance of evidence standard has been met; therefore, the above allegations are found to  
7 be substantiated. The following deficiency was observed (see LIC 9099-D) and cited from the California  
8 Code of Regulations, Title 22. Failure to correct the deficiency may result in civil penalties. Appeal rights  
9 were provided. Exit interview was conducted with Administrator. Copy of the report sent to Administrator  
10 via e-mail with a "read receipt" to verify the LIC 9099, LIC 9099-D, and appeal rights were received.  
11 Administrator is to print out each report, sign it, and fax a signed copy to LPA at 916-263-4744  
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**SUPERVISOR'S NAME:** Stephenie Doub  
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**LICENSING EVALUATOR SIGNATURE:**

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**DATE:** 11/05/2020

LIC9099 (FAS) - (06/04)

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**Control Number 27-AS-20200604093525**

**COMPLAINT INVESTIGATION REPORT  
(Cont)****FACILITY NAME:** SIEBENTHAL CARE HOME**FACILITY NUMBER:** 347004958**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 11/05/2020

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/18/2020 Section Cited CCR 87608(a)(3)	1 Postural Supports (a)(3) 2 A written order from a physician 3 indicating the need for the postural 4 support shall be maintained in the 5 resident's record. The licensing agency 6 shall be authorized to require ... 7 documentation ... This requirement was not met as evidence by:	1 Licensee has obtained written approval 2 from physician and will send 3 attachment to LPA via email on 4 11/06/2020. 5 6 7
	8 The administrator failed obtain a written 9 order from physician for use of a 10 postural support strap prior. Based on 11 information gathered through 12 interviews, Administrator used postural 13 support without approval from 14 physician. This poses a potential health risk to residents in care.	8 9 10 11 12 13 14
Type B 09/18/2020 Section Cited CCR 87625(b)(2)(3)	1 Managed Incontinence (b)(2)(3) 2 Facilities shall ensure that incontinent 3 residents are checked during those 4 periods of time when they are known to 5 be incontinent... Facilities are to ensure 6 that incontinent residents are kept 7 clean... This requirement was not met as evidence by:	1 Licensee has hired additional staff for 2 overnight rounds to managed 3 incontinence care and is now changing 4 residence every 3 hours. Licensee will 5 send copy of overnight schedule to LPA 6 to show proof of correction for 7 managing incontinence care via email on 11/06/2020.
	8 The Administrator failed to ensure that 9 the resident was checked for 10 incontinence care throughout the night 11 and kept clean and dry. Based on 12 information provided through 13 interviews, resident was found in the 14 morning soaked with urine. This poses a potential health risk to residents in care.	8 Licensee has also conducted additional 9 training for all staff on incontinence care 10 and will provide copy of training to LPA 11 via email on 11/06/2020. 12 13 14

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

**SUPERVISOR'S NAME:** Stephenie Doub**LICENSING EVALUATOR NAME:** Anthony Tuck**LICENSING EVALUATOR SIGNATURE:****DATE:** 11/05/2020

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 11/05/2020