

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 361880964
Report Date: 01/22/2024
Date Signed: 01/22/2024 11:44:27 AM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO, 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 **01/17/2024** and conducted by Evaluator Amber Coleman

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20240117121131
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FACILITY NAME: CADENCE AT RANCHO CUCAMONGA	FACILITY NUMBER: 361880964
ADMINISTRATOR: PENDING	FACILITY TYPE: 740
ADDRESS: 10459 CHURCH STREET	TELEPHONE: (909) 918-5546
CITY: RANCHO CUCAMONGA	STATE: CA ZIP CODE: 91730
CAPACITY: 117	CENSUS: 110 DATE: 01/22/2024
MET WITH: Krystal Jenkins, Vice President	UNANNOUNCED TIME BEGAN: 09:30 AM
	TIME COMPLETED: 11:45 AM

ALLEGATION(S):

1	Resident eloped from facility without staff knowledge sustaining an injury.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst, Amber Coleman, (LPA) arrived at the Cadence at Rancho Cucamonga
2	unannounced to initiate a complaint investigation into the allegation listed above. LPA entered the
3	building, introduced self and stated the purpose of the visit. LPA was informed the Administrator is out for
4	the week, the Memory Care Director was also out. LPA met with Vice President, Krystal Jenkins, who
5	accompanied LPA to the Memory Care Unit.
6	
7	During today's visit, LPA walked through the facility memory care unit, interviewed staff and collected
8	pertinent documentation. It is alleged that a resident eloped from the facility without staff knowledge
9	sustaining an injury. During, staff interviews, LPA learned that on the evening of 1/15/23 R1 left the
10	memory care unit through it's courtyard. R1 then walked to the Del Taco on the corner of the nearest
11	intersection. When staff was made aware R1 had left the facility, staff attempted to pick her up, but R1
12	suffered an injury on her knee and was taken to the hospital. Since the elopement, the facility has
13	increased R1's supervision and added new door alarms to the courtyard entrances. The resident's family
	contracted home health services for one on one supervision. **Please see LIC9099-C

Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Nedra Brown
NAME OF LICENSING PROGRAM ANALYST: Amber Coleman
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/22/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/22/2024

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 3

Control Number 56-AS-20240117121131

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: CADENCE AT RANCHO CUCAMONGA

FACILITY NUMBER: 361880964

VISIT DATE: 01/22/2024

NARRATIVE

1 R1's family has also agreed to increase the number of visits and outings with the resident. The incident
 2 was communicated to R1's Physician, who is making adjustments to R1's medications to aid in the
 3 prevention of wandering. A record review of R1's file revealed that the resident is unable to leave the
 4 facility without supervision. Also, R1 has a history of wandering. LPA also reviewed the facility's staff
 5 schedule and found that the facility is adequately staffed for the number of residents in care. After the
 6 incident occurred, the facility provided staff an in-service training in elopement which reviewed facility
 7 protocol for resident elopement.
 8
 9 Based on LPA's observations, record reviews and staff interviews, we have substantiated the complaint
 10 allegation(s) as valid and that a violation has occurred based on the preponderance of available
 11 evidence. A deficiency will be cited to address the above mentioned concerns. A copy of this report
 12 along with appeal rights are being reviewed with, and furnished to the facility representative.
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DATE: 01/22/2024

LIC9099 (FAS) - (06/04)

Page: 2 of 3

Control Number 56-AS-20240117121131

**COMPLAINT INVESTIGATION REPORT
 (Cont)**

FACILITY NAME: CADENCE AT RANCHO CUCAMONGA

FACILITY NUMBER: 361880964

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/22/2024

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 01/22/2024 Section Cited CCR 80078)a)	1 80078 Responsibility for Providing Care 2 and Supervision 3 (a) The licensee shall provide care and 4 supervision as necessary to meet the 5 client's needs. 6 This requirement is not met as 7 evidenced by:	1 A plan of correction was already 2 implemented - The facility increased 3 supervision, R1's family hired a home 4 health agency to provide additional 5 supervision. R1's family also agreed to 6 increasing the number of viisit and 7 outings. R1's physician was notified and
	8 Based on record reviews and staff 9 interviews, staff did not provide 10 adequate care and supervision for R1 11 on 1/15/24, when the resident left the 12 facility on foot without supervision or 13 knowledge R1 had eloped. The poses 14 an immediate Health, Safety or Personal Rights risk to persons in care	8 will adjust medications Additionally, the 9 facility has installed additonal door 10 alarms/ motion sensors. Lastly, the 11 facility has provided an In-service 12 (additional training) with elopement and 13 procedures. 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: Nedra Brown NAME OF LICENSING PROGRAM ANALYST: Amber Coleman LICENSING PROGRAM ANALYST SIGNATURE:		DATE: 01/22/2024
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 01/22/2024