

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 370804823
Report Date: 01/18/2023
Date Signed: 01/20/2023 08:42:35 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SO. CAL AC/SC, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/28/2021** and conducted by Evaluator Daniel Pena

	COMPLAINT CONTROL NUMBER: 08-AS-20210128122256
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FACILITY NAME: ST. PAUL'S VILLA	FACILITY NUMBER: 370804823
ADMINISTRATOR: ELEANOR DOWNING	FACILITY TYPE: 740
ADDRESS: 2340 FOURTH AVENUE	TELEPHONE: (619) 232-2996
CITY: SAN DIEGO	ZIP CODE: 92101
CAPACITY: 200	DATE: 01/18/2023
MET WITH: LaTressa Downing, Administrator	UNANNOUNCED TIME BEGAN: 12:45 PM
	TIME COMPLETED: 01:45 PM

ALLEGATION(S):

1	Facility restricted resident's access to their physician
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Daniel Pena conducted an unannounced visit to the facility to deliver
2	investigative findings regarding the above-mentioned allegation. LPA identified himself, explained the
3	purpose of the visit and nature of the complaint to Administrator, LaTressa Downing.
4	
5	On 1/28/2021, the Department received this complaint which alleged, the facility restricted a resident's
6	access to their physician. The Department's investigation included, virtual and onsite physical plant tours,
7	record reviews and interviews with residents, staff and outside sources.
8	
9	A review of facility records which included Resident 1's (R1) Face Sheet, Admission Agreement, Resident
10	Appraisal, Appraisal Need and Services Plan, Physician's Report, Record of Centrally Stored
11	Medications and Hospice Contract. R1 was admitted into the facility on 1/2/2021 diagnosed with
12	encephalopathy, pneumonia, COPD, pulmonary mycobacterial infection, sepsis and vitamin deficiency.
13	R1's records noted two physicians, a primary care and attending hospice physician.

Unsubstantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Simon Jacob
NAME OF LICENSING PROGRAM ANALYST: Daniel Pena
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 01/18/2023

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 01/18/2023

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 08-AS-20210128122256

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ST. PAUL'S VILLA **FACILITY NUMBER:** 370804823
VISIT DATE: 01/18/2023

NARRATIVE

1 R1 records reflected that R1 was non-ambulatory and required assistance with bathing, hair care,
2 personal hygiene, toileting and medication management.
3
4 A Durable Power Of Attorney (DPOA) served as R1's financial and healthcare representative and also
5 served as R1's emergency contact. According to a statement from the DPOA, in 2021, R1 became ill
6 and was placed into a Skilled Nursing Facility (SNF). When R1 was recovered, they were moved into St.
7 Paul's Villa. When asked, DPOA informed LPA that there was never a problem for R1 to obtain
8 healthcare from their physicians. DPOA said R1 was 99 years old in January 2021 but healthy and lucid
9 at that time. R1 told the DPOA that they did not want to spend time in a hospital anymore and wanted to
10 receive hospice services instead. A hospice service was selected, and St. Paul's Villa arranged for them
11 to provide hospice services to R1 at the facility. The hospice group brought in all of their needed
12 equipment and administered hospice services to R1. DPOA stated that R1's hospice group was very
13 attentive to R1's needs. DPOA said neither of R1's physicians called the DPOA to express concerns with
14 R1's transition to hospice nor did neither physician claim R1 was not accessible to them. DPOA said R1
15 was never denied access to medical care nor were they denied the ability to communicate with their
16 physicians. DPOA said R1's primary care provider remained their doctor until they passed on 12/3/2022.
17
18 In February 2021, R1 was interviewed as part of this investigation. At the time of the interview, R1
19 resided at St. Paul's Villa in an Assisted Living room. R1 told LPA that they were receiving hospice care
20 and recently transferred from a SNF for a leg injury. R1 said hospice nurses visited them twice in the
21 previous two weeks. Mainly, the nurses talked with R1. R1 did not know much about their hospice
22 contract and said their DPOA handled those affairs. R1 said they were healthy and only in the last two
23 years experienced a decline in their health. R1 had a lung infection. R1 said their medical records are
24 small due to their good health. When asked, R1 said they have no concerns with accessing care from
25 their primary physician.
26
27 The Department has investigated the allegation that the facility restricted a resident's access to their
28 physician. Based upon the information obtained during this investigation; it is determined that although
29 the incident may have happened and is valid, there is not a preponderance of evidence to prove it
30 occurred and is therefore UNSUBSTANTIATED.
31
32 An exit interview was conducted with Administrator Downing, to whom a copy of this report and the
Licensee's Rights (LIC9058 01/16) were provided via hard copy.

NAME OF LICENSING PROGRAM MANAGER: Simon Jacob
NAME OF LICENSING PROGRAM ANALYST: Daniel Pena
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 01/18/2023

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FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 01/18/2023