

# Department of SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 374603565  
Report Date: 11/02/2020  
Date Signed: 11/02/2020 12:06:55 PM

## Substantiated

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>CCLD Regional Office, 7575 METROPOLITAN DR.<br>#109<br>SAN DIEGO, CA 92108 |
| <b>COMPLAINT INVESTIGATION REPORT</b>                  |   |

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/13/2020** and conducted by Evaluator Natasha Persaud

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|  | <b>COMPLAINT CONTROL NUMBER: 08-AS-20200213160446</b> |
|--|---|

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| <b>FACILITY NAME:</b> LA VIDA REAL                             | <b>FACILITY NUMBER:</b> 374603565       |
| <b>ADMINISTRATOR:</b> LITTLEFIELD, RUEL                        | <b>FACILITY TYPE:</b> 740               |
| <b>ADDRESS:</b> 11588 VIA RANCHO SAN DIEGO                     | <b>TELEPHONE:</b> (619) 660-5778        |
| <b>CITY:</b> EL CAJON  | <b>STATE:</b> CA                        |
| <b>CAPACITY:</b> 177   | <b>ZIP CODE:</b> 92019                  |
|  | <b>CENSUS:</b> 100                      |
|  | <b>DATE:</b> 11/02/2020                 |
|  | <b>UNANNOUNCED TIME BEGAN:</b> 11:30 AM |
| <b>MET WITH:</b> Assistant Executive Director, Kimberly Garcia | <b>TIME COMPLETED:</b> 11:45 AM         |

### ALLEGATION(S):

|   |  |
|---|--|
| 1 | Staff inappropriately grabbed resident |
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### INVESTIGATION FINDINGS:

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|----|--|
| 1  | Licensing Program Analyst (LPA) Natasha Persaud contacted the facility via video conference, due to          |
| 2  | COVID-19, to conclude a complaint investigation. LPA identified herself and discussed the purpose of the     |
| 3  | call with Assistant Executive Director, Kimberly Garcia.   |
| 4  |  |
| 5  | During the investigation, LPA conducted a tour of the facility, obtained facility records, and conducted     |
| 6  | interviews with staff, residents, and outside sources. It was alleged Staff #1 (S1) inappropriately grabbed  |
| 7  | Resident #1 (R1). Investigation revealed S1 grabbed R1 in the private area through their clothing to         |
| 8  | check if R1's adult briefs were soiled. Investigation revealed S1 admitted to placing their hand in R1's     |
| 9  | private area over R1's clothing to check if R1's adult briefs were soiled. S1's interview revealed due to R1 |
| 10 | refusing care it was easier to conduct a quick hand check through their clothing. Staff interviews revealed  |
| 11 | R1 refuses care, removes their own adult briefs and throws them on the floor daily. Additional staff         |
| 12 | interviews revealed R1 can toilet independently but receives staff assistance to ensure proper hygiene.      |
| 13 | R1's Service Plan indicated R1 requires physical assistance with parts of toileting tasks to include adult   |
|    | briefs, and urinary pads. Continued on an LIC 9099C.   |

**Substantiated**

**Estimated Days of Completion:**

**SUPERVISOR'S NAME:** John Rante

**LICENSING EVALUATOR NAME:** Natasha Persaud

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/02/2020

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/02/2020

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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**Control Number** 08-AS-20200213160446

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 7575 METROPOLITAN DR.  
#109  
SAN DIEGO, CA 92108

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

**FACILITY NAME:** LA VIDA REAL

**FACILITY NUMBER:** 374603565

**VISIT DATE:** 11/02/2020

**NARRATIVE**

1 Based on interviews conducted, the preponderance of evidence standard has been met, therefore the  
2 above allegation is found to be substantiated. California code of Regulations, Title 22, Division 6 &  
3 Chapter 8 is being cited on the attached LIC 9099D. [See LIC 811 Confidential Names List to identify  
4 Resident #1 and Staff #1]. An exit interview was conducted with Assistant Executive Director, Kimberly  
5 Garcia, via virtual visit, and a copy of this report, along with Licensee/Appeal Rights (LIC 9058 01/16),  
6 were provided to the Assistant Executive Director via electronic mail. An electronic read receipt  
7 confirmation was requested to be sent by the Assistant Executive Director upon receipt of the  
8 documents.  
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**SUPERVISOR'S NAME:** John Rante

**LICENSING EVALUATOR NAME:** Natasha Persaud

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/02/2020

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**COMPLAINT CONTROL NUMBER: 08-AS-20200213160446**

**FACILITY NAME:** LA VIDA REAL**FACILITY NUMBER:** 374603565**ADMINISTRATOR:** LITTLEFIELD, RUEL**FACILITY TYPE:** 740**ADDRESS:** 11588 VIA RANCHO SAN DIEGO**TELEPHONE:** (619) 660-5778**CITY:** EL CAJON**STATE:** CA**ZIP CODE:** 92019**CAPACITY:** 177**CENSUS:** 100**DATE:** 11/02/2020**UNANNOUNCED****TIME BEGAN:** 11:30 AM**MET WITH:** Assistant Executive Director, Kimberly Garcia.**TIME****COMPLETED:** 11:45 AM**ALLEGATION(S):**

- |   |  |
|---|--|
| 1 | Licensee did not meet the needs of resident #1 |
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**INVESTIGATION FINDINGS:**

- |    |   |
|----|---|
| 1  | Licensing Program Analyst (LPA) Natasha Persaud contacted the facility via video conference, due to           |
| 2  | COVID-19, to conclude a complaint investigation. LPA identified herself and discussed the purpose of the      |
| 3  | call with Assistant Executive Director, Kimberly Garcia.  |
| 4  |   |
| 5  | During the investigation, LPA conducted a tour of the facility, obtained facility records, and conducted      |
| 6  | interviews with staff, residents, and outside sources. It was alleged Licensee did not meet the needs of      |
| 7  | Resident #1 (R1) by R1 being left in soiled clothing and soiled adult briefs. R1's Physician Report           |
| 8  | indicated R1 has a Major Neurocognitive Disorder, bladder impairment, and is unable to care for own           |
| 9  | toileting needs. Staff interviews revealed R1 removes their adult briefs independently and throws them on     |
| 10 | the floor. In addition, R1 refuses assistance from caregivers. Additional staff interviews revealed R1 is not |
| 11 | left in soiled clothing or adult briefs, as R1 independently removes them. Facility's End of Shift Reports    |
| 12 | dated 02/13/20, 02/18/20, and 02/19/20 reflect R1 found without no depends, an resident continued to          |
| 13 | remove depends. Staff interviews revealed R1 is checked on at least every two hours or more if needed.        |
|    | Continued on an LIC 9099C.  |

**Unsubstantiated****Estimated Days of Completion:****SUPERVISOR'S NAME:** John Rante**LICENSING EVALUATOR NAME:** Natasha Persaud**LICENSING EVALUATOR SIGNATURE:****DATE:** 11/02/2020

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**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 11/02/2020

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LIC9099 (FAS) - (06/04)

Page: 3 of 5

**Control Number 08-AS-20200213160446****COMPLAINT INVESTIGATION REPORT  
(Cont)****FACILITY NAME:** LA VIDA REAL**FACILITY NUMBER:** 374603565**VISIT DATE:** 11/02/2020

**NARRATIVE**

1 Additional interviews revealed R1 will be found by staff sitting in their chair without any adult briefs and  
 2 sometimes no underwear. Therefore, due to R1 being able to remove their own items, R1 is not  
 3 observed in soiled clothing or soiled adult briefs. Staff interviews also revealed R1 is observed dry  
 4 during staff rounds/checks.  
 5  
 6 Based on interviews conducted, investigation revealed inconsistent statements and information obtained  
 7 did not present a preponderance of evidence to support or corroborate the allegation. The allegation is  
 8 found Unsubstantiated. An exit interview was conducted with Assistant Executive Director, Kimberly  
 9 Garcia, via virtual visit, and a copy of this report, along with Licensee/Appeal Rights (LIC 9058 01/16),  
 10 were provided to the Assistant Executive Director via electronic mail. An electronic read receipt  
 11 confirmation was requested to be sent by the Assistant Executive Director upon receipt of the  
 12 documents. [See LIC 811 Confidential Names List to identify Resident #1].  
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**SUPERVISOR'S NAME:** John Rante  
**LICENSING EVALUATOR NAME:** Natasha Persaud  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_ **DATE:** 11/02/2020

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|--|---|

**FACILITY NAME:** LA VIDA REAL

**FACILITY NUMBER:** 374603565

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 11/02/2020

| Deficiency Type<br>POC Due Date /<br>Section Number                  | DEFICIENCIES  | PLAN OF CORRECTIONS(POCs)  |
|--|---|--|
| Type B<br>11/09/2020<br><b>Section Cited</b><br>CCR<br>87468.1(a)(1) | 1 Personal Rights of Residents in All<br>2 Facilities. To be accorded dignity in<br>3 their personal relationships with staff,<br>4 residents, and other persons. This<br>5 requirement is not met as evidenced<br>6 by:<br>7 | 1 Assistant Executive Director, Kimberly<br>2 Garcia stated Staff #1 is no longer<br>3 employed at the facility. Assistant<br>4 Executive Director stated they will<br>5 conduct In-Service Training on<br>6 Personal Rights and Incontinent Care,<br>7 and submit proof of documentation. |
|  | 8 Licensee did not ensure R1 was<br>9 accorded dignity with S1. This poses a<br>10  | 8<br>9<br>10   |

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|--|---------------------------------|--|---------------------------------|--|
|  | 11<br>12<br>13<br>14            | potential personal rights rick to residents in care. | 11<br>12<br>13<br>14            |  |
|  | 1<br>2<br>3<br>4<br>5<br>6<br>7 |  | 1<br>2<br>3<br>4<br>5<br>6<br>7 |  |
|  | 1<br>2<br>3<br>4<br>5<br>6<br>7 |  | 1<br>2<br>3<br>4<br>5<br>6<br>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.**

**SUPERVISOR'S NAME:** John Rante  
**LICENSING EVALUATOR NAME:** Natasha Persaud  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_ **DATE:** 11/02/2020

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