

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604065
Report Date: 07/07/2021
Date Signed: 07/07/2021 01:30:40 PM

Unsubstantiated

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/20/2019** and conducted by Evaluator Adam Hamer

	COMPLAINT CONTROL NUMBER: 08-AS-20191220083829
--	---

FACILITY NAME: LAS VILLAS DE CARLSBAD	FACILITY NUMBER: 374604065
ADMINISTRATOR: BLOOM, CHARLIE	FACILITY TYPE: 740
ADDRESS: 1088 LAGUNA DRIVE	TELEPHONE: (760) 434-7116
CITY: CARLSBAD	STATE: CA
CAPACITY: 214	ZIP CODE: 92008
	CENSUS: 56
MET WITH: Donelle Williams, Administrator	DATE: 07/07/2021
	UNANNOUNCED TIME BEGAN: 12:13 PM
	TIME COMPLETED: 12:45 PM

ALLEGATION(S):

1	Facility staff failed to seek medical care for resident.
2	Staff failed to treat resident(s) with dignity.
3	Staff failed to provide incontinence care to resident(s).
4	Licensee failed to meet the needs of resident(s).
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Adam Hamer conducted an unannounced complaint investigation visit
2	on today's date. LPA identified himself at the front entrance and discussed the purpose of the visit, which
3	was to deliver findings for the above allegations; LPA was then granted entry and met with Administrator
4	Donelle Williams to deliver the findings.
5	
6	The Department's investigation included interviews with staff, the Administrator and outside sources.
7	Facility and outside source records were also obtained by the Department and reviewed for pertinent
8	evidence.
9	
10	
11	
12	
13	

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Denise Powell
NAME OF LICENSING PROGRAM ANALYST: Adam Hamer
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/07/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/07/2021

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 3

Control Number 08-AS-20191220083829

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: LAS VILLAS DE CARLSBAD

FACILITY NUMBER: 374604065

VISIT DATE: 07/07/2021

NARRATIVE

1 The Department received a complaint on December 27, 2019 alleging that facility staff failed to seek
2 medical care for resident, staff failed to treat resident(s) with dignity, staff failed to provide incontinence
3 care to resident(s) and that Licensee failed to meet the needs of resident(s). The Department's review of
4 facility records revealed that resident #1 (R1) and resident #2 (R2)(See Confidential Names List – LIC
5 811) were residents at the facility in 2019. R1 ambulated using a wheelchair, was on hospice care and
6 needed assistance with some activities of daily living (ADLs). R1 also needed assistance with transfer
7 from bed to wheelchair and wheelchair to bed. On September 9, 2019, R1 fell in their room sometime
8 during the early morning hours. Charting notes revealed that after the fall at 6 am, staff found R1 on the
9 floor in their room, next to a recliner, awake, alert and on their back. R1 was unable to express to staff
10 how they got there from their recliner. Staff assisted R1 back to the recliner and noted an abrasion on
11 their forehead and no other injuries. There was no evidence that R1 attempted to contact staff for
12 assistance with getting out of the recliner prior to the fall. At approximately 9:30 am on September 9,
13 2019, the area of the abrasion on R1's forehead had become swollen and, within a very short time,
14 facility staff had R1 transported to the hospital. R1 returned the same day from the hospital, was treated
15 for minor injuries and with no new orders. The Department's records review did not reveal any evidence
16 that R1 was not treated with dignity, not provided with incontinence care or that the facility failed to meet
17 R1's needs.

18
19 The Department's review of facility records revealed that R2 was on hospice, nonambulatory, needed
20 assistance with ADLs and a two-person assist with transfer via a Hoyer lift. Charting notes revealed that
21 R2 was in their room on November 24, 2019 and at approximately 6 am, R2 was found lying on their
22 bedroom floor, on the right side of the bed and awake. At that time, R2 denied any pain or discomfort,
23 and denied hitting their head. Redness was noted on R2's right knee, but no other injuries were noted.
24 After complaining of pain to their hips on November 27, 2019, x-rays were taken of R2's hips. The
25 doctor's conclusion after the x-rays was that R2's pelvis was intact, there was no fracture to the hips and
26 that R2 had mild degeneration of the hips. The Department's interviews did not reveal any evidence that
27 R2 attempted to contact staff for assistance with getting out of bed prior to the fall. There was also no
28 evidence that staff did not treat R2 with dignity, failed to provide incontinence care or failed to meet the
29 needs of R2.

NAME OF LICENSING PROGRAM MANAGER: Denise Powell
NAME OF LICENSING PROGRAM ANALYST: Adam Hamer
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/07/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/07/2021

LIC9099 (FAS) - (06/04)

Page: 2 of 3

Control Number 08-AS-20191220083829

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** LAS VILLAS DE CARLSBAD**FACILITY NUMBER:** 374604065**VISIT DATE:** 07/07/2021**NARRATIVE**

1 Interviews with staff and outside sources, and a records review revealed that, throughout September
2 and November 2019, R1 and R2 received care from several different staff members while at the facility.
3 During the night shift, staff #1 (S1) worked at the facility and provided care for R1 and R2. Although
4 interviews revealed that S1 would sleep during work shifts and that S1 was later terminated for not
5 following the facility's policies and for attendance issues, there is conflicting evidence that S1 would only
6 sleep during lunch breaks and other breaks, and that S1 did a good job caring for the residents. An
7 outside source interview also revealed that R1 had a history of getting out of bed unassisted and falling,
8 and that they received "immensely fine care" while at the facility. Outside source interviews also
9 revealed that staff provided residents with appropriate incontinence care, would not leave them in soiled
10 clothing or bedding for long periods of time, treated them with dignity and met their needs.
11
12 Based on the evidence obtained from interviews and records review, the allegations that facility staff
13 failed to seek medical care for resident, staff failed to treat resident(s) with dignity, staff failed to provide
14 incontinence care to resident(s) and that Licensee failed to meet the needs of resident(s) are found to
15 be UNSUBSTANTIATED, as there is not a preponderance of the evidence to prove that the allegations
16 occurred.
17
18 An exit interview was conducted with Administrator Donelle Williams and a copy of this report, the
19 Confidential Names List (LIC 811) and Licensee Rights (LIC 9058 FAS 01/16) were emailed to her to the
20 email address she provided to LPA; Ms. Williams expressed to LPA that she would send a confirmation
21 email upon receipt of these documents.
22
23
24
25
26
27
28
29
30
31
32

NAME OF LICENSING PROGRAM MANAGER: Denise Powell**NAME OF LICENSING PROGRAM ANALYST:** Adam Hamer**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 07/07/2021**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 07/07/2021