

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 385600377
Report Date: 10/21/2024
Date Signed: 10/21/2024 10:38:33 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/25/2024** and conducted by Evaluator Jaime Vado

PUBLIC	COMPLAINT CONTROL NUMBER: 14-AS-20240725123729
---------------	---

FACILITY NAME: MERCED GIRARD RESIDENTIAL CARE FACILITY	FACILITY NUMBER: 385600377
ADMINISTRATOR: WU, JAMES O.D	FACILITY TYPE: 740
ADDRESS: 129 GIRARD STREET	TELEPHONE: (415) 467-8900
CITY: SAN FRANCISCO	ZIP CODE: 94134
CAPACITY: 42	DATE: 10/21/2024
MET WITH: Administrator - Michael Lee	UNANNOUNCED TIME BEGAN: 08:45 AM
	TIME COMPLETED: 11:00 AM

ALLEGATION(S):

1	- Facility staff did not seek medical attention for resident in a timely manner
2	- Facility staff yelled at resident in care
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 10/21/2024, Licensing Program Analyst (LPA) Jaime Vado conducted an unannounced complaint
2	investigation visit in order to deliver findings regarding the complaint allegations received. LPA met with
3	staff initially then the administrator Michael Lee.
4	
5	During the investigation LPA conducted interviews and reviewed pertinent documents related to the
6	allegations. Per interviews with facility staff, medical attention was sought for the resident when they
7	were alerted by the family of the resident that there was a possible medical issue. Staff attested to caring
8	and feeding the resident that morning and bringing the resident to their room per resident request with no
9	issues. Regarding the staff yelling, LPA could not determine if this took place and per observations and
10	interviews, its common for staff to speak loudly to each other but not in an angrily way directed toward
11	residents per observations and interviews conducted. During the investigation LPA could not prove or
12	disprove that the allegations took place and due to conflicting information the allegations are
13	unsubstantiated.
	Based on these observations, the above allegations are UNSUBSTANTIATED.

Although the allegations may have happened or is valid, there is not a preponderance of evidence to prove the alleged violations did or did not occur, therefore the above allegations are unsubstantiated at this time.

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: April Cowan

NAME OF LICENSING PROGRAM ANALYST: Jaime Vado

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 10/21/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/21/2024

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 1