

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 405850480
Report Date: 02/27/2025
Date Signed: 02/27/2025 02:29:00 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/22/2025** and conducted by Evaluator Mark Jeffries

	COMPLAINT CONTROL NUMBER: 29-AS-20250122091828
--	---

FACILITY NAME: OAKS AT PASO ROBLES, THE	FACILITY NUMBER: 405850480
ADMINISTRATOR: CARL MEYER	FACILITY TYPE: 740
ADDRESS: 526 S RIVER ROAD	TELEPHONE: (805) 239-5851
CITY: PASO ROBLES	STATE: CA ZIP CODE: 93446
CAPACITY: 120	CENSUS: 82 DATE: 02/27/2025
MET WITH: Administrator, Carl Meyer	UNANNOUNCED TIME BEGAN: 09:00 AM
	TIME COMPLETED: 03:33 PM

ALLEGATION(S):

1	Staff did not administer residents' medication.
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	At 9:00am on 02/27/2025, Licensing Program Analyst (LPA) Jeffries and Haner-Tomasko arrived to the
2	facility unannounced to issue final findings on the allegation to this complaint. LPA's met with
3	Administrator Carl Meyer, announced who they are and the reason for the visit. LPA's also conducted
4	facility annual for 2025 and issued final findings on two other different complaints on this visit.
5	
6	As to the allegation of, "Staff did not administer residents' medication." It was alleged that Resident 1
7	(R1) was paying for medication management that was not being conducted correctly during the time
8	period of July 2023 through October of 2024 (approximately 398 days). It was discovered through
9	interviews, observations, medication audit, and physical medication count; that on 01/22/2025, Licensing
10	Program Analyst Jeffries (LPA) conducted a phone interview with Family Member 1 (F1). F1 stated that
11	the facility had returned 5 different types of medication to F1 after R1 was no longer a resident of the
12	facility in October of 2024. On 01/30/2025, LPA Jeffries conducted an interview with facilities Memory
13	Care Director, Staff 1 (S1).
	CONTINUED on LIC9099-C

Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley
NAME OF LICENSING PROGRAM ANALYST: Mark Jeffries
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/23/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/23/2025

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 29-AS-20250122091828

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 21731 VENTURA BLVD.
#250
WOODLAND HILLS, CA 91364

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: OAKS AT PASO ROBLES, THE

FACILITY NUMBER: 405850480

VISIT DATE: 02/27/2025

NARRATIVE

1 S1 stated that the prior Resident Service Director had shredded R1's Centrally Stored Medication
 2 Records (CSMR) and could not produce those records as requested by LPA Jeffries. S1 did have
 3 Medication Administration Records (MAR) for R1 and were reviewed by S1, Facility Administrator, Carl
 4 Meyer, and LPA that shows which medications were administered as prescribed. On 01/30/2025, Facility
 5 Administrator and LPA conducted a documented medication audit comparing Medication Prescriptions,
 6 Medication Invoices, MAR dates and times and the physical medications that were returned to F1 upon
 7 R1's exit of the facility. That Medication and Document audit showed that for medication 1 (Md1) there
 8 were 450 total pills sent to the facility, and 18 were returned to F1 indicating that there were
 9 approximately 30 pills over the number of MARs indicated. For medication 2 (Md2), there were 450 pills
 10 provide to the facility with 106 pills returned to F1, indicating 344 MAR as indicated which is
 11 approximately 54 pills of medication there were not administered despite MAR indicating those pills
 12 were administered to R1 on facility MAR. There were 540 pills of medication 3 (Md3) that were provided
 13 to the facility, and 176 were returned to F1, indicating 346 MARs indicated, which is approximately 56
 14 pills that were not administered when MAR indicated they were administered to R1. There were 540 pills
 15 of medication 4 (Md4) provided to the facility, and 245 were returned to F1 indicating there were
 16 approximately 103 pills that were not administered to R1. There were 450 pills of medication 5 (Md5)
 17 that were sent to the facility, and 365 pills returned to F1, which is approximately 83 pills that were not
 18 administered to R1. LPA noted that on 01/29/2025 and 01/31/2025 physical medication counts were
 19 conducted with no discrepancy in count of the numbers of pills returned to F1, before and prior to the full
 20 medication audit to ensure accuracy. At this time there is enough evidence to support the allegation of,
 21 "Staff did not administer residents' medication." and is substantiated at this time.

22
23 Exit interview, report read, citation issued, appeal rights and report provided.
24
25
26
27
28
29
30
31
32

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley
NAME OF LICENSING PROGRAM ANALYST: Mark Jeffries
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/27/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/27/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 3

Control Number 29-AS-20250122091828

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** OAKS AT PASO ROBLES, THE
DEFICIENCY INFORMATION FOR THIS PAGE:**FACILITY NUMBER:** 405850480
VISIT DATE: 02/27/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/13/2025 Section Cited CCR 87465(a)(1)	1 87465 Incidental Medical and Dental 2 Care (a)A plan for incidental medical 3 and dental care shall be developed by 4 each facility. The plan shall encourage 5 routine medical and dental care and 6 provide for assistance in obtaining such 7 care ... (1)The licensee shall arrange, or assist in arranging,	1 The Administrator shall conduct a 2 comprehensive medication audit, with 3 all residents in care to ensure that 4 medications are in sync with Physicians 5 orders, CSMR, MAR and physical 6 medication count with a summary plan 7 for audit submitted to LPAs emails by 02/28/2025. And audit completed
	8 for medical and dental care appropriate 9 to the conditions and needs of 10 residents. The requirement was not met 11 by evidence of R1 missing hundreds of 12 medication passes which puts the 13 Resident in immanent danger. 14	8 with in two weeks on or before 9 03/14/2025. And submit proof of audit in 10 CSMR, MAR, Physician Prescription 11 Order and physical medication count to 12 LPA by email on or before 03/14/2025. 13 14
Type A 02/28/2025 Section Cited CCR 87465(a)(6)	1 (a)A plan for incidental medical and 2 dental care shall be developed by each 3 facility. The plan shall encourage 4 routine medical and dental care and 5 provide for assistance in obtaining such 6 care, by compliance with the following: 7 (6)When requested by the prescribing physician or the Department,	1 The Administrator shall have all staff 2 who distribute medications and staff 3 that manage the staff who distribute 4 medication completed a comprehensive 5 medication training of no less than 2 6 hours by a authorized vender of 7 Department of Social Serviced, State of California.
	8 a record of dosages of medications 9 which are centrally stored shall be 10 maintained by the facility. By evidence 11 of S1 stating that R1's Centrally Stored 12 Medication Records (CSMR) had been 13 shredded, which poses in immanent 14 danger to Resident in care.	8 Administrator will provided LPA by 9 email a list of employees who will take 10 that class and the vender and class 11 subject title by email on 02/28/2025 and 12 will have all staff completed the training 13 by 03/14/2025. And submit proof of 14 training to LPA by email on or before 03/14/2025.

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:** Kelly Burley
NAME OF LICENSING PROGRAM ANALYST: Mark Jeffries
LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 02/27/2025**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 02/27/2025