

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 415600133
Report Date: 03/15/2021
Date Signed: 03/15/2021 04:14:45 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 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 **02/27/2020** and conducted by Evaluator Bertha Raygoza

PUBLIC	COMPLAINT CONTROL NUMBER: 14-AS-20200227163252
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FACILITY NAME: ATRIA PARK OF HILLSDALE	FACILITY NUMBER: 415600133
ADMINISTRATOR: PERRYMAN, DAVID	FACILITY TYPE: 740
ADDRESS: 2883 S NORFOLK ST	TELEPHONE: (650) 378-3000
CITY: SAN MATEO	STATE: CA ZIP CODE: 94403
CAPACITY: 175	CENSUS: 92 DATE: 03/15/2021
MET WITH: Cecilia Dauth, Administrator	UNANNOUNCED TIME BEGAN: 04:00 PM
	TIME COMPLETED: 04:15 PM

ALLEGATION(S):

1	- Staff not meeting resident's medical needs
2	- Staff not transporting resident to appointments
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Raygoza made an unannounced complaint virtual visit on the above
2	allegations and met with Administrator, Cecilia Dauth. LPA Raygoza stated the purpose of virtual visit.
3	
4	- Staff not meeting resident's medical needs. During the course of investigation, the medical records,
5	Appointment Schedule and Senior Helper Escort log indicating R1 attending the medical appointments
6	on 1/29/20, 2/19/20, 2/24/20, 2/25/20 and 2/27/20 all documented on logs. Interviews of staff drivers and
7	senior helper escorts supporting the documentation that medical appointments were attended and,
8	therefore the allegation was deemed Unsubstantiated.
9	- Staff not transporting resident to appointments. Doctor Appointment logs and Transportation log
10	indicating on 2/25/20 from 1pm to 4:13 pm sign-out and 2/27/20 from
11	9 am to 12 noon sign-out of staff taking R1 to Home Care Appointments. Therefore, the allegation was
12	deemed Unsubstantiated.
13	
	Although the allegation may have happened or are valid, there is not a preponderance of evidence to
	prove the alleged violations did or did not occur, therefore the allegations are unsubstantiated at this

time.

This report was reviewed and discussed with Cecilia Dauth, Administrator.

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan

NAME OF LICENSING PROGRAM ANALYST: Bertha Raygoza

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/15/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/15/2021

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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