

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 425800464  
Report Date: 07/13/2021  
Date Signed: 07/13/2021 09:24:12 AM

**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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/29/2019** and conducted by Evaluator Toan Luong

	<b>COMPLAINT CONTROL NUMBER: 29-AS-20191029112919</b>
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<b>FACILITY NAME:</b> VISTA DEL MONTE	<b>FACILITY NUMBER:</b> 425800464
<b>ADMINISTRATOR:</b> DOUGLAS TUCKER	<b>FACILITY TYPE:</b> 741
<b>ADDRESS:</b> 3775 MODOC ROAD	<b>TELEPHONE:</b> (805) 687-0793
<b>CITY:</b> SANTA BARBARA	<b>STATE:</b> CA
<b>CAPACITY:</b> 266	<b>ZIP CODE:</b> 93105
	<b>CENSUS:</b> 190
	<b>DATE:</b> 07/13/2021
	<b>UNANNOUNCED TIME BEGAN:</b> 08:20 AM
<b>MET WITH:</b> Douglas Tucker, Executive Director	<b>TIME COMPLETED:</b> 09:30 AM

### ALLEGATION(S):

1	Facility has insufficient staff to meet the residents' needs.
2	Facility staff failed to meet the needs of the residents.
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Lyndia Sager conducted a subsequent complaint investigation to
2	deliver final investigation findings telephonically with Douglas Tucker, Executive Director, due to the
3	situation surrounding the Coronavirus Disease 2019 (COVID-19), and to implement mitigation measures.
4	On 10/29/19, the Department received a complaint with the allegations that the Summer House Memory
5	Care portion of the facility was understaffed with a total of 18 residents and only 2 staff to care for the
6	residents. Many of the residents were a fall risk, confused, disoriented, wanderers, needed toileting
7	assistance, and were sometimes left unattended and had to wait for assistance due to insufficient
8	staffing. Multiple times the residents called the staff for assistance, but due to the lack of staff they were
9	left unattended for an extended time.
10	On 11/14/19 at 2:10pm., LPA Kontilis conducted an unannounced initial complaint visit and requested
11	and obtained pertinent documents relating to the allegations. LPA Kontilis also conducted brief interviews
12	with staff.
13	

**Substantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Kelly Burley  
**NAME OF LICENSING PROGRAM ANALYST:** Toan Luong  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 07/13/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 07/13/2021

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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**Control Number** 29-AS-20191029112919

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:** VISTA DEL MONTE

**FACILITY NUMBER:** 425800464

**VISIT DATE:** 07/13/2021

### NARRATIVE

- 1 On 4/19/21, LPA Sager interviewed the Executive Director at 3:35pm. LPA interviewed staff on 05/11/21
- 2 at 3:52pm; 05/13/21 from 2:47pm to 4:19pm; 05/21/21 from 9:38am to 5:28pm. LPA interviewed a family
- 3 member on 05/14/21 at 3:17pm. LPA interviewed the Director of Nursing on 05/20/21 at 2:09pm.
- 4
- 5 LPA reviewed the October 2019 staff schedule for the Summer House Memory Care. The schedule
- 6 reflects there is one LVN assigned to each shift (a.m., p.m. and noc). There are two med techs for the
- 7 a.m. shift. There are two med techs for the p.m. shift except for the dates 10/27/19 through 10/31/19
- 8 shows no med techs on schedule. There are two CNA staff for the a.m. shift except for the dates
- 9 10/4/19, 10/14/19, 10/28/19 shows one staff on schedule. There are two CNA staff for the p.m. shift
- 10 except for the dates 10/01/19 and 10/02/19 shows no CNA staff on schedule; 10/3/19 through 10/06/19
- 11 and 10/31/19 shows one CNA staff on schedule. There are two CNA staff for the noc shift except for
- 12 10/3/19, 10/4, 10/11, 10/17, 10/18, 10/24, 10/25, and 10/31/19 shows one CNA staff on schedule.
- 13
- 14 LPA reviewed the resident roster for Summer House Memory Care dated 10/31/19 which reflects a total
- 15 of 19 residents. LPA reviewed a random sampling of six Summer House Memory Care health and
- 16 wellness records. Five of the six residents are non-ambulatory, incontinent and need either complete
- 17 toileting assistance or require additional time. Five of the six residents have Dementia and cannot leave
- 18 the facility unassisted. One of the residents has a wandering behavior. Four of the residents need
- 19 transfer assistance. Two of the residents need a two-person assist.
- 20
- 21 Staff interviews revealed that during October 2019 there were at times not enough staff to care for all
- 22 the memory care residents in Summer House Memory Care. Staff interviews revealed at times residents
- 23 were left unattended while staff cared for other residents. Staff interviews revealed residents would
- 24 attempt to get up on their own instead of waiting for staff assistance and then falls would occur. Staff
- 25 interviews revealed two staff were not enough based on the needs of the residents. When staff called
- 26 out sick, some staff had to work double shifts or would be the only staff on shift to care for the residents.
- 27 A family member interviewed witnessed numerous times that residents who needed assistance had to
- 28 wait while staff were helping other residents. The family member also witnessed having to wait for staff
- 29 assistance to come to the room after pushing the call button several times.
- 30
- 31 Information obtained from the Administrator and Director of Nursing states they had adequate staffing in
- 32 the Summer House Memory Care in October 2019.

**NAME OF LICENSING PROGRAM MANAGER:** Kelly Burley  
**NAME OF LICENSING PROGRAM ANALYST:** Toan Luong  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 07/13/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 07/13/2021

LIC9099 (FAS) - (06/04)

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**Control Number** 29-AS-20191029112919

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

FACILITY NAME: VISTA DEL MONTE

FACILITY NUMBER: 425800464

VISIT DATE: 07/13/2021

**NARRATIVE**

1 Based on the information obtained during the course of the investigation, there is sufficient evidence to  
2 support the allegations that in October 2019 facility staff failed to meet the needs of the residents due to  
3 an insufficient amount of staff in the Summer House Memory Care. The above allegations are deemed  
4 substantiated.

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6 Deficiencies issued on 9099-D, exit interview was conducted with the Executive Director, and a copy of  
7 the report was provided via email for signature. Appeal Rights emailed.  
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NAME OF LICENSING PROGRAM MANAGER: Kelly Burley

NAME OF LICENSING PROGRAM ANALYST: Toan Luong

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/13/2021

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LIC9099 (FAS) - (06/04)

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**Control Number 29-AS-20191029112919****COMPLAINT INVESTIGATION REPORT  
(Cont)**

FACILITY NAME: VISTA DEL MONTE

FACILITY NUMBER: 425800464

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/13/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<b>Request Denied</b> Type B 07/19/2021	1 87411 Personnel Requirements – 2 General (a) (a) Facility personnel shall 3 at all times be sufficient in numbers,	1 Executive Director will review the 2 service plans for each resident, 3 determine what level of resident needs

<b>Section Cited</b> CCR 87411(a)	4 and competent to provide the services 5 necessary to meet resident needs... 6 7	4 are necessary and provide sufficient 5 staffing. Executive Director will submit 6 staff roster for Summer House Memory 7 Care to reflect adequate 24/7 staffing. Executive Director will submit plan to CCL by 7/19/21.
	8 This requirement is not met as 9 evidenced by: 10 Based on interviews and documents 11 reviewed, the licensee failed to ensure 12 there was an adequate amount of 13 Summer House Memory Care staff in 14 October 2019 to meet the resident needs which posed a potential health and safety risk to residents in care.	
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 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.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Kelly Burley <b>NAME OF LICENSING PROGRAM ANALYST:</b> Toan Luong <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>		<b>DATE:</b> 07/13/2021
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>		
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>		<b>DATE:</b> 07/13/2021