

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435202806
Report Date: 04/13/2022
Date Signed: 04/13/2022 01:34:41 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/12/2021** and conducted by Evaluator Christine Dolores

PUBLIC	COMPLAINT CONTROL NUMBER: 26-AS-20211012093855
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FACILITY NAME: MERRILL GARDENS AT GILROY	FACILITY NUMBER: 435202806
ADMINISTRATOR: ATKINSON, DIANE	FACILITY TYPE: 740
ADDRESS: 7610 ISABELLA WAY	TELEPHONE: (206) 676-5300
CITY: GILROY	STATE: CA
CAPACITY: 214	ZIP CODE: 95020
MET WITH: DIANE ATKINSON	DATE: 04/13/2022
	UNANNOUNCED TIME BEGAN: 12:50 PM
	TIME COMPLETED: 01:35 PM

ALLEGATION(S):

1	Resident's grooming needs are not being met.
2	Staff did not safeguard resident's personal belongings.
3	Staff did not seek medical attention in a timely manner.
4	Facility is charging for services not rendered.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Christine Dolores conducted an unannounced complaint visit to deliver the findings of the above complaint allegation. LPA met with Executive Director, Diane Atkinson.
2	
3	
4	From 10/15/2021 – 03/16/2022, LPA obtained the following documents to include: 5 residents (R1 – R5) physician reports, needs and services plan, safeguard personal property and valuables (LIC-621), POA information, financial service statements, invoices dated 11/01/2021, R3's communication notes from 05/01/2021 – 08/31/2021, facility's staff roster, staffing scheduling for assisted living from 06/01/2021 – 09/31/2021, established fee and services, evaluation guidance and terminology, and residency and services agreement.
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13	

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Jackie Jin
NAME OF LICENSING PROGRAM ANALYST: Christine Dolores
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/13/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/13/2022

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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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 2580 N. FIRST STREET,
STE. 350
SAN JOSE, CA 95131

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: MERRILL GARDENS AT GILROY

FACILITY NUMBER: 435202806

VISIT DATE: 04/13/2022

NARRATIVE

1 Resident's grooming needs are not being met

2

3 On 10/15/2021, a total of 5 residents (R1 – R5) were interviewed. 5 out of 5 residents did not indicate
4 their grooming needs were not met and did not have any concerns on grooming needs. 4 of the 5
5 residents states to have a beauty salon at the facility but states to be closed. 1 out of 5 residents was
6 not able to answer the question. 3 out of 5 residents stated to get their grooming service from outside
7 salons. 2 out of 5 residents could not remember how they are getting their grooming service. During
8 interview, LPA observed 5 out of 5 residents to be well groomed with combed hair and clean shave.

9

10 On 12/28/2021, a total of 4 staff (S1 – S4) were interviewed. 4 out of 4 staff states to have a beauty
11 salon that is temporarily closed due to staffing. 4 out of 4 staff states to try their best to encourage
12 resident's grooming and hygiene needs but if residents refuse, they cannot force them. 4 out of 4 staff
13 states that staff members do not cut the residents hair. 4 out of 4 staff states that resident's families are
14 contacted and involved with the resident's grooming needs.

15

16 Based on interview, facility staff are not allowed to cut hair and cut nails but can assist resident's with
17 services to include but not limited to shaving, brushing teeth, and washing of the face. Resident and
18 family member, if applicable, must consent to the services and sign the level of care reflected on the
19 care plan prior to receiving services.

20

21 Based on record review, 5 out of 5 residents care plan does not include additional grooming services.

22

23 Staff did not safeguard resident's personal belongings

24

25 On 10/15/2021, a total of 5 residents (R1 – R5) were interviewed. 4 out of 5 residents states no personal
26 items have been gone missing in the facility. 1 out of 5 residents was not able to answer the question.

27

28 On 12/28/2021, a total of 4 staff (S1 – S4) were interviewed. 2 out of 4 staff states the Safeguard of
29 Personal Property form is waived due to company policy.

30

31 Page 2 of 5.

32

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DATE: 04/13/2022

LIC9099 (FAS) - (06/04)

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**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: MERRILL GARDENS AT GILROY

FACILITY NUMBER: 435202806

VISIT DATE: 04/13/2022

NARRATIVE

1 2 out of 4 staff is not aware of the Safeguard of Personal Property form. 2 out of 4 staff states if
2 residents are more independent, they are encouraged to secure their items or tag their items with their
3 name on it, for example, clothing. 2 out of 4 staff states facility would communicate with family if items
4 should be removed from a resident's apartment due to a behavior. 1 out of 4 staff states to communicate
5 and obtain permission from residents first before throwing out an item.
6
7 Based on record review, facility's residency and service agreement states the community recommends
8 residents to insure and/or engrave or mark belongings as items including by not limited to clothing,
9 jewelry, and furniture are not covered by community's insurance. A written inventory form of resident's
10 personal property will be maintained in resident's file and a signed copy will be provided to resident
11 and/or representative. 5 out of 5 resident's personal property and valuables form was waived, signed,
12 and dated.
13
14 Staff did not seek medical attention in a timely manner
15
16 On 10/15/2021, a total of 5 residents (R1 – R5) were interviewed. 3 out of 5 residents states to never
17 had an incident needing medical attention at the facility. 1 out of 5 residents states to not have been an
18 incident where staff did not provide medical attention needed. 1 out of 5 residents was not able to
19 answer the question. 4 out of 5 residents states staff are helpful and are meeting their needs. 1 out of 5
20 residents was not able to answer the question.
21
22 On 12/28/2021, a total of 4 staff (S1 – S4) were interviewed. 4 out of 4 staff states to seek medical
23 attention in a timely manner. 4 out of 4 staff states facility procedure to contact 911 when medical
24 attention is needed. 3 out of 4 staff states to contact resident's family to inform them of the situation. 1
25 out of 4 staff did not provide information on informing family members. S1 and S4 states that it is the
26 resident's rights to refuse medical treatment but will always contact family to inform them of the
27 situation. S1 states if family members cannot take the resident to their doctor appointment, the facility
28 will find a way to assist the resident to their appointment and have family meet them, if needed.
29
30 Page 3 of 5.
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**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: MERRILL GARDENS AT GILROY

FACILITY NUMBER: 435202806

VISIT DATE: 04/13/2022

NARRATIVE

1 Based on record review, on 07/19/2021, facility staff contacted R3's responsible party to inform of the
2 increased altered mental status and recommendation to be seen by a physician. Responsible party
3 agreed for resident to be taken to the emergency room. After paramedics arrived and assessed the
4 resident, it was agreed by the paramedics and responsible party for resident to stay at the facility.
5 Facility staff encouraged R3's responsible party to see a primary care physician. On 07/20/2021, S1
6 contacted R3's responsible party regarding the change of condition and responsible party agreed for

7 resident to be taken to the emergency room. Ambulance was called and arrived at 1:00 p.m. to transport
8 R3 to the hospital. On 07/22/2021, staff faxed R3's primary care physician (PCP) requesting for an
9 updated Physician's Report with new diagnosis. On 09/28/2021, a care conference was held with facility
10 staff, ombudsman, and R3's responsible party regarding R3's change of condition and plan of care.
11 Based on record review, from 07/21/2021 – 10/31/2021, R3 did not require medical attention but
12 required monitoring from staff.

13
14 Facility is charging for services not rendered

15
16 On 10/15/2021, a total of 5 residents (R1 – R5) were interviewed. 2 out of 5 residents states paying for
17 additional services and receiving the services being paid. 2 out of 5 residents are independent and does
18 not require additional services. 1 out of 4 residents was not able to state whether facility is charging for
19 serviced not rendered. 4 out of 5 residents states no issue or concern regarding facility charging for
20 services not rendered. 1 out of 4 residents was not able to answer the question.

21
22 On 12/28/2021, a total of 4 staff (S1 – S4) were interviewed. 3 out of 4 staff state residents are receiving
23 the services being charged at the facility. 1 out of 4 staff was not familiar with the financial aspect but
24 states to follow every resident's care plan to show what type of care/service to provide. 4 out of 4 staff
25 states facility assists the residents based on their care plan and Activities of Daily Living (ADLs).

26
27
28 Based on record review, the additional services are charged based on the facility's service level point
29 system during the health services evaluation, which is reflected on the resident's care plan.

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1 Fees and Services are associated depending on the level of services and care being provided (i.e., the
2 amount, frequency and intensity of Assisted Living/Garden House Services). The level of care in
3 Assisted Living/Garden House begins at Level 1/LevelGH1 and each additional level increases by a set
4 amount each month.

5
6 2 out of 5 residents are under a level of care in which service charge reflects the correct amount based
7 on the care plan service level points. 1 out of 5 residents is being charged 1 additional service. 2 out of 5
8 residents are not paying for additional services. 5 out of 5 residents are being charged the correct
9 service charge amount based on their care plan needs.

10
11 The Department has investigated the above allegations. Based on interviews conducted and records
12 reviewed, the Department has determined that the above allegations are **UNSUBSTANTIATED**. An
13 unsubstantiated finding indicates that although the allegation may have happened or is valid, there is not
14 a preponderance of evidence to prove the alleged violations did or did not occur.

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16 This report was reviewed with Executive Director, Diane Atkinson and a copy of this report was
17 provided.

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