

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 486803806
Report Date: 05/03/2021
Date Signed: 05/04/2021 02:07:40 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/14/2021** and conducted by Evaluator David Leibert

	COMPLAINT CONTROL NUMBER: 21-AS-20210414151114
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FACILITY NAME: VILLAGE AT RANCHO SOLANO ASSISTED LIVING, THE	FACILITY NUMBER: 486803806
ADMINISTRATOR: HALL, JAMES	FACILITY TYPE: 740
ADDRESS: 3350 CHERRY HILLS COURT	TELEPHONE: (707) 425-3588
CITY: FAIRFIELD	STATE: CA
CAPACITY: 250	ZIP CODE: 94534
	CENSUS: 133
MET WITH: Kayla Young/Assistant Administrator	DATE: 05/03/2021
	UNANNOUNCED TIME BEGAN: 01:30 PM
	TIME COMPLETED: 02:00 PM

ALLEGATION(S):

1	Facility staff did not respond to resident's call for help
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst Leibert met with Kayla Young, Assistant Administrator, for the purpose of
2	delivering findings on the above captioned complaint allegation. The visit was conducted via tele-visit due
3	to the Covid-19 precautions. The LPA did not physically present at the site. This investigation included
4	interviews with witnesses; staff; and parties, as well as records and documents reviews. The following
5	determinations were made: On or about April 13, 2021, R1 called front desk following a fall; Front desk
6	did not respond to R1's call or subsequent initial call from R1's family member and R1 did not obtain
7	assistance for approximately 20 to 30 minutes. Based upon the documents and records reviewed and
8	statements taken from witnesses, the preponderance of evidence standard has been met. Therefore, the
9	allegation is SUBSTANTIATED. The following deficiencies were observed (see LIC 9099D) and cited
10	from the California Code of Regulations, Title 22, Division 6 of California Regulation. Failure to correct
11	the deficiency and/or repeat deficiencies within a 12 month period may result in civil penalties. Exit
12	interview conducted and appeal of rights provided.
13	

Substantiated Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Carla Martinez
NAME OF LICENSING PROGRAM ANALYST: David Leibert
LICENSING PROGRAM ANALYST SIGNATURE: **DATE:** 05/03/2021

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 05/03/2021

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
COMPLAINT INVESTIGATION REPORT
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 101 GOLF COURSE DR.
STE. A-230
ROHNERT PARK, CA 94928

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ADDRESS: 3350 CHERRY HILLS COURT **TELEPHONE:** (707) 425-3588
CITY: FAIRFIELD **STATE:** CA **ZIP CODE:** 94534
CAPACITY: 250 **CENSUS:** 133 **DATE:** 05/03/2021
MET WITH: Kayla Young/Assistant Administrator **UNANNOUNCED TIME BEGAN:** 01:30 PM
COMPLETED: 02:00 PM

- ALLEGATION(S):**
- 1 Lack of sufficient staff results in inadequate front desk coverage
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INVESTIGATION FINDINGS:

1 Licensing Program Analyst Leibert met with Kayla Young, Assistant Administrator, for the purpose of
2 delivering findings on the above captioned complaint allegation. The visit was conducted via tele-visit due
3 to the Covid-19 precautions. The LPA did not physically present at the site. This investigation included
4 interviews with witnesses; staff; and parties, as well as records and documents reviews. The following
5 determinations were made: A slow response to a resident's call for help to the front desk has raised
6 concerns of insufficient staffing at the front desk; A resident who fell on 4/13 was not wearing the pendant
7 meant to summon help following a fall; The resident did phone the front desk but was not answered;
8 Records indicate the front desk is staffed during and above business hours and covered by others on call
9 staff during off hours; There are differing opinions as to whether or not the front desk staffing is sufficient
10 to meet the residents' needs; Administration took remedial action with the individual staff person identified
11 as not responding to the resident's call when the staff had the responsibility to respond. Based upon the
12 statements taken and the documents reviewed, there is not a preponderance of evidence to prove the
13 allegation is, or is not, valid. Therefore, the allegation is UNSUBSTANTIATED.

Unsubstantiated Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Carla Martinez
NAME OF LICENSING PROGRAM ANALYST: David Leibert
LICENSING PROGRAM ANALYST SIGNATURE: **DATE:** 05/04/2021

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 05/04/2021

This report must be available at Child Care and Group Home facilities for public review for 3 years.
 LIC9099 (FAS) - (06/04) Page: 2 of 3

Control Number 21-AS-20210414151114

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 101 GOLF COURSE DR. STE. A-230 ROHNERT PARK, CA 94928
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FACILITY NAME: VILLAGE AT RANCHO SOLANO ASSISTED LIVING, THE **FACILITY NUMBER:** 486803806

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 05/03/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 05/07/2021 Section Cited HSC 1569.269	1 1569.269 H&S (a)(6) Residents of 2 residential care facility for the elderly 3 shall have all of the following rights: (6) 4 to care, supervision, and services that 5 meet their individual needs..delivered 6 by staff ..in sufficient numbers, 7 qualifications, and competency to meet their needs. ***Based upon statements and reviewed records,	1 Disciplinary action has been taken with 2 the staff involved. Administration will 3 submit a written plan that outlines 4 protocols put in place that will prevent 5 the future occurrence of front desk 6 failure to respond to residents calls in a 7 timely manner. Plan to be submitted to CCL by POC date in order to clear the deficiency.
	8 this requirement has not been met as 9 evidenced by: Front desk staff did not 10 respond to R1's call for help in a timely 11 way following a fall. This posed an 12 immediate risk to safety and health of 13 resident in care. 14	
	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.

NAME OF LICENSING PROGRAM MANAGER: Carla Martinez NAME OF LICENSING PROGRAM ANALYST: David Leibert LICENSING PROGRAM ANALYST SIGNATURE: _____ DATE: 05/04/2021
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FACILITY REPRESENTATIVE SIGNATURE: _____ DATE: 05/04/2021
