

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 502700235
Report Date: 04/16/2021
Date Signed: 04/16/2021 10:27:28 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 2525 NATOMAS PARK DR. STE.270 SACRAMENTO, CA 95833
FACILITY EVALUATION REPORT	

FACILITY NAME: EL RIO MEMORY CARE COMMUNITY	FACILITY NUMBER: 502700235
ADMINISTRATOR: KEATON, MARY	FACILITY TYPE: 740
ADDRESS: 2828 HEALTHCARE WAY	TELEPHONE: (209) 543-3805
CITY: MODESTO STATE: CA	ZIP CODE: 95356
CAPACITY: 72 CENSUS: 49	DATE: 04/16/2021
TYPE OF VISIT: Case Management - Deficiencies UNANNOUNCED	TIME BEGAN: 09:15 AM
MET WITH: Mary Keaton	TIME COMPLETED: 10:00 AM

NARRATIVE	
1	Licensing Program Analyst Avelina Martinez contacted the facility via telephone to conduct a case
2	management on 04/16/2021 due to COVID-19 and pre-cautionary measures. LPA identified herself and
3	discussed the purpose of the call and the elements of the case management with Mary Keaton
4	
5	The purpose of the case management visit is to follow up on a medication deficiency learned throughout
6	a complaint investigation (27-AS-20200930112221). The following medication deficiency was
7	discovered:
8	
9	March 2020 Medication Administration Record (MAR) indicates Tea Tree oil was added to R1's routine
10	medication. However, March, April, and May MAR sheets for Tea tree oil are blank. June's 2020 MAR for
11	Tea Tree oil is incomplete; June 1st, 2nd, 18th, and 19th entries are blank. The other June entries are
12	initialed and circled. Based on the medication file review, the licensee did not ensure to maintain R1's
13	MAR sheets and did not maintain oversight on the Tea Tree oil medication while in the facility.
14	
15	As a result, the following deficiency was observed and cited from the California Code of Regulations,
16	Title 22, and California Health and Safety Code. An exit interview was conducted with Mary Keaton via
17	telephone, and a copy of this report was provided to Mary Keaton via email, and an electronic email
18	read receipt confirms receiving these documents.
19	
20	
21	
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23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Czarrina A Camilon-Lee
NAME OF LICENSING PROGRAM ANALYST: Avelina Martinez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/16/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/16/2021

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

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Created By: Avelina Martinez On 04/16/2021 at 09:57 AM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 2525 NATOMAS PARK DR. STE.270 SACRAMENTO, CA 95833
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: EL RIO MEMORY CARE COMMUNITY

FACILITY NUMBER: 502700235

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/16/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 04/19/2021 Section Cited	1 87465Incidental Medical and Dental 2 Care(a) A plan for incidental medical 3 and dental care shall be developed 4 by each facility. The plan shall 5 encourage routine medical and 6 dental care and provide for 7 assistance in obtaining such care, by compliance with the following:		
	8 (7) When requested by the 9 prescribing physician or the 10 Department, a record of dosages of 11 medications which are centrally 12 stored shall be maintained by the 13 facility.This requirement is not met as 14 evidenced by: Based on interviews and records review, the licensee did not ensure R1's Tea Tree Oil MAR sheets were being maintained. This posed a potential health and safety risk to resident 1.	8 The administrator agrees to email in- 9 service agenda by 04/19/2021. 10 11 12 13 14	
	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.

SUPERVISOR'S NAME:	Czarrina A Camilon-Lee
LICENSING EVALUATOR NAME:	Avelina Martinez
LICENSING EVALUATOR SIGNATURE:	
	DATE: 04/16/2021

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 04/16/2021