

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 565850112  
Report Date: 12/18/2024  
Date Signed: 12/18/2024 03:09:54 PM

**Substantiated**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 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 **12/11/2024** and conducted by Evaluator Emily Peraldi

	<b>COMPLAINT CONTROL NUMBER: 29-AS-20241211134457</b>
--	---

<b>FACILITY NAME:</b> REGENCY PALMS OXNARD	<b>FACILITY NUMBER:</b> 565850112
<b>ADMINISTRATOR:</b> KENNETH MAHLER	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 1020 BISMARK WAY	<b>TELEPHONE:</b> (805) 247-0227
<b>CITY:</b> OXNARD	<b>STATE:</b> CA <b>ZIP CODE:</b> 93033
<b>CAPACITY:</b> 127	<b>CENSUS:</b> 93 <b>DATE:</b> 12/18/2024
<b>MET WITH:</b> Ken Mahler	<b>UNANNOUNCED TIME BEGAN:</b> 10:00 AM
	<b>TIME COMPLETED:</b> 03:15 PM

**ALLEGATION(S):**

1	Facility staff do not dispense medications as prescribed.
2	
3	
4	
5	
6	
7	
8	
9	

**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Emily Peraldi conducted an unannounced initial complaint visit to this facility. At 10:00 a.m., the LPA met with Executive Director (ED), Ken Mahler, and explained the reason for the visit.
2	
3	
4	
5	At 10:05 a.m., the LPA conducted an interview with the ED. Between 10:36 a.m. and 1:30 p.m., the LPA conducted a review of medication and medication documentation with staff for ten (10) residents. Starting at 10:22 a.m., the LPA conducted interviews with three (3) staff. At 1:44 p.m., the LPA requested and obtained copies of pertinent documents. At 2:45 p.m., the LPA, along with the ED conducted a physical plant tour.
6	
7	
8	
9	
10	
11	Continued on LIC 9099-C.
12	
13	

**Substantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Kristin Heffernan

**NAME OF LICENSING PROGRAM ANALYST:** Emily Peraldi

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 12/18/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 12/18/2024

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 4

**Control Number** 29-AS-20241211134457

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250  
WOODLAND HILLS, CA 91364

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** REGENCY PALMS OXNARD

**FACILITY NUMBER:** 565850112

**VISIT DATE:** 12/18/2024

### NARRATIVE

1 Regarding the allegation: Facility staff do not dispense medications as prescribed. On 12/11/2024, the  
 2 Department received a complaint alleging staff not dispensing medications as prescribed. During today's  
 3 visit, between 10:36 a.m. and 1:30 p.m., the LPA conducted a review of medication and medication  
 4 documentation with staff for ten (10) residents and observed the following: Resident #1 (R1's) Bedtime  
 5 Senna 8.6 MG tablet had 22 tablets remaining, however the medication was started on 11/28/2024 and  
 6 with the quantity listed as 60, meaning there should be a total of 20 tablets remaining instead. R1's  
 7 Noon Carbidopa-Levodopa 25-100 Tab had 16.5 tablets remaining, however the medication started on  
 8 11/28/2024 and with the quantity listed as 45, meaning there should be a total of 15 tablets remaining.  
 9 Resident #2's (R2's) Bedtime Eliquis 2.5 MG tablet had 11 tablets remaining, however the medication  
 10 was started on 11/28/2024 and with the quantity listed as 30, meaning there should be 10 tablets  
 11 remaining. R2's Bedtime Atorvastatin 20 MG Tablet had 9 tablets remaining, however the medication  
 12 was started on 11/26/2024 and with the quantity listed as 30, meaning there should be 8 tablets  
 13 remaining. Resident #3's (R3's) AM Levothyroxine 50 MCG tablet had 13 tablets remaining, however the  
 14 medication was started on 12/01/2024 and with the quantity listed as 30, meaning there should be 12  
 15 tablets remaining. Resident #4's (R4's) Bedtime Donepezil HCL 5 MG tablet had 14 tablets remaining,  
 16 however the medication was started on 11/30/2024 and with the quantity listed as 30, meaning there  
 17 should be 12 tablets remaining. Based on observation and record review, the preponderance of  
 18 evidence standard has been met, therefore the above allegation, "Facility staff do not dispense  
 19 medications as prescribed" is deemed **Substantiated** at this time.

20  
 21 Per the California Code of Regulations, Title 22, Division 6, Chapter 8, the following deficiency was  
 22 observed and cited during the visit (See 9099-D).

23  
 24 Exit interview conducted. A copy of the report and appeal rights were provided.  
 25  
 26  
 27  
 28  
 29  
 30  
 31  
 32

**NAME OF LICENSING PROGRAM MANAGER:** Kristin Heffernan

**NAME OF LICENSING PROGRAM ANALYST:** Emily Peraldi

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 12/18/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 12/18/2024

LIC9099 (FAS) - (06/04)

Page: 2 of 4

**Control Number** 29-AS-20241211134457

**COMPLAINT INVESTIGATION REPORT  
 (Cont)**

**FACILITY NAME:** REGENCY PALMS OXNARD

**FACILITY NUMBER:** 565850112

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 12/18/2024

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 12/19/2024 <b>Section Cited</b> CCR 87465(a)(4)	1 87465(a)(4) Incidental Medical and 2 Dental Care. (a) A plan for incidental 3 medical and dental care shall be 4 developed by each facility...(4) The 5 licensee shall assist residents with self- 6 administered medications as needed. 7 This requirement is not met as evidenced by:	1 Within 24 hours, the Administrator will 2 notify the LPA when medication training 3 will be completed. Administrator stated 4 a medication audit for the facility and 5 training for all medication staff and 6 submit documentation to CCL by 7 12/31/2024.
	8 Based on record review and 9 observations, the licensee did not 10 comply with the section cited above, as 11 the facility staff did not properly assist 12 with R1's, R2's, R3's and R4's self- 13 administered medications per 14 physician's order which poses an immediate health and safety risk to residents in care.	

**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> Kristin Heffernan <b>NAME OF LICENSING PROGRAM ANALYST:</b> Emily Peraldi <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>		<b>DATE:</b> 12/18/2024
<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> 12/18/2024