

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 075601424

Report Date: 01/28/2021

Date Signed: 01/28/2021 02:49:04 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612	
FACILITY EVALUATION REPORT			
FACILITY NAME: AEGIS ASSISTED LIVING OF MORAGA		FACILITY NUMBER:	075601424
ADMINISTRATOR: PHELPS, WILLIAM		FACILITY TYPE:	740
ADDRESS:	950 COUNTRY CLUB DRIVE	TELEPHONE:	(925) 377-7900
CITY:	MORAGA	STATE: CA	ZIP CODE: 94556
CAPACITY:	100	CENSUS: 67	DATE: 01/28/2021
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED TIME BEGAN:	02:10 PM
MET WITH:	Blanca Hurtado, Nurse Director	TIME COMPLETED:	02:45 PM
NARRATIVE			
1	On 01/28/21 at 1:10PM, LPA D Panlilio conducted a case management tele-visit with Health Services		
2	Director (S1) to discuss the incident reported to CCLD on 01/15/21 wherein a staff in Med Tech training		
3	(S2) switched 14 tablets of Norco for ibuprofen 800 mg. on 01/10/21. Due to COVID-19 shelter in place		
4	order, S1 was not physically available to sign this report.		
5			
6	S1 stated that S2 was hired on 12/30/20 as an on call Med Tech in training program. On coming NOC		
7	medication care manager (S4) noted the change in tablet size and reported the incident to the Health		
8	Services Director (S1). Facility conducted an internal investigation and interviewed staff responsible for		
9	counting and dispensing of centrally stored and controlled scheduled medications.		
10			
11	Per Hiring Director (S3), S2 was removed from the medication assistance program on 01/10. She left		
12	the facility the same day and has not returned since. Per S3, if S2 does not show up for work in 2		
13	weeks, they will proceed with termination. Medication caregivers and Wellness nurses underwent a		
14	refresher course on procedures and policies for Centrally stored medication, Controlled scheduled		
15	medication protocol and medication key cart control policies on 01/12/21. Med care managers were also		
16	written up for not following procedures on medication administration.		
17			
18	No deficiencies observed or cited during this tele- visit. Exit interview conducted and a copy of this		
19	report provided via email.		
20			
21			
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Rajind Basi			
NAME OF LICENSING PROGRAM ANALYST: Daisy Panlilio			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/28/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/28/2021

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