

# Department of SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

**Facility Number:** 347005239  
**Report Date:** 02/01/2019  
**Date Signed** 02/01/2019 02:12:02 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, CA
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/08/2018** and conducted by Evaluator Laura Munoz

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 27-AS-20181008135607
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<b>FACILITY NAME:</b> GREENHAVEN ESTATES	<b>FACILITY NUMBER:</b> 347005239
<b>ADMINISTRATOR:</b> JUDY RODRIQUEZ	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 7548 GREENHAVEN DR	<b>TELEPHONE:</b> (916) 427-8887
<b>CITY:</b> SACRAMENTO	<b>STATE:</b> CA <b>ZIP CODE:</b> 95831
<b>CAPACITY:</b> 105	<b>CENSUS:</b> 58 <b>DATE:</b> 02/01/2019
<input type="checkbox"/>	<b>UNANNOUNCED TIME BEGAN:</b> 09:15 AM
<b>MET WITH:</b> Executive Director, Estee Nowak	<b>TIME COMPLETED:</b> 02:45 PM

**ALLEGATION(S):**

1	Facility staff physically abused resident
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**INVESTIGATION FINDINGS:**

1	LPA Laura Munoz arrived at this facility on 02/01/19 at 9:15am to deliver findings for the allegation of
2	physical abuse. LPA met with Executive Director, Estee Nowak and explained the purpose of today's
3	visit and complaint allegation.
4	On 09/16/18, the facility submitted an incident report to CCL stating Management at the facility learned
5	that staff had been using a sock and/or towel and placing into R1's mouth during assisting R1 with
6	ADLs. R1 has a diagnosis of Dementia and a history of biting and spitting at staff. Interviews indicated it
7	became a common practice and even a trained practice to put a sock and/or towel in R1's mouth
8	when she is spitting and biting. Interviews conducted indicated this practice was known and used by
9	numerous staff for a significant amount of time, however was never reported to CCL, R1's physical
10	and/or R1's family. The investigation also revealed that in 2016, staff used a pillow over R1's
11	mouth during changing to prevent R1 from spitting and biting staff. This incident was never reported as
12	well. Once the facility management was made aware of the abuse, an internal investigation was
13	conducted and numerous staff were terminated. SEE ATTACHED LIC9099

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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<b>SUPERVISOR'S NAME:</b> Krystall Moore <b>LICENSING EVALUATOR NAME:</b> Laura Munoz <b>LICENSING EVALUATOR SIGNATURE:</b>	<b>TELEPHONE:</b> (916) 263-4707 <b>TELEPHONE:</b> (916) 709-6317 <b>DATE:</b> 01/31/2019
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 01/31/2019
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This report must be available at Child Care and Group Home facilities for public review for 3 years.  
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**Control Number 27-AS-20181008135607**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, CA
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**FACILITY NAME:** GREENHAVEN ESTATES **FACILITY NUMBER:** 347005239  
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 02/01/2019

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/04/2019 Section Cited CCR 87468.1(a)(3)	1 87468.1(a)(3) Personal Rights of 2 Residents in All Facilities. Residents in 3 all residential care facilities for the 4 elderly shall have all of the following 5 personal rights: To be free from 6 punishment, humiliation, intimidation, 7 abuse, or other actions of a punitive nature. This requirement as not been met as evidenced by:	1 The Executive Director agrees to the 2 following: An in-service training shall be 3 conducted with all staff on resident 4 rights and mandated reporting 5 requirements. Training date shall be 6 submitted to CCL by, 02/04/19 and 7 proof of training shall be submitted to CCL 14 days after POC due date.
	8 Based on interviews and records 9 review, the Licensee failed to ensure 10 R1 was kept safe as well as properly 11 train staff who put a sock/towel in R1's 12 mouth during assisting with ADLs 13 because of R1's spitting and biting 14 behavior which poses an immediate health and safety risk.	8 NOTE: The facility has terminated any 9 and all staff who participate, knew 10 about and/or trained in a putting a sock 11 and/or towel in R1's™s mouth.
Type A 02/04/2019 Section Cited CCR 87463(a)	1 87463(a) Reappraisals. The pre- 2 admission appraisal shall be updated, 3 in writing as frequently as necessary to 4 note significant changes and to keep 5 the appraisal accurate. The 6 reappraisals shall document changes in 7 the resident's physical, medical, mental, and social condition.	1 The Executive Director agrees to the 2 following: A plan shall be submitted to 3 CCL stating how the facility will 4 reappraise residents who exhibit 5 combative behavior. Plan shall include 6 how resident's rights are to be 7 maintained. Plan shall be submitted by POC date, 02/04/19
	8 This requirement has not been met as 9 evidenced by: Based on interviews and 10 record reviews, the Licensee failed to 11 reappraise R1 once staff observed R1 12 was combative (spitting and biting) 13 when staff assisted R1 with ADLs which 14 poses an immediate health and safety risk.	

**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>SUPERVISOR'S NAME:</b> Krystall Moore <b>LICENSING EVALUATOR NAME:</b> Laura Munoz <b>LICENSING EVALUATOR SIGNATURE:</b>	<b>TELEPHONE:</b> (916) 263-4707 <b>TELEPHONE:</b> (916) 709-6317 <b>DATE:</b> 01/31/2019
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I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/31/2019

LIC9099 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office,  
, CA

### COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: GREENHAVEN ESTATES

FACILITY NUMBER: 347005239

VISIT DATE: 02/01/2019

#### NARRATIVE

1 At this time, any and all staff who participate, knew about and/or trained in a putting a sock and/or towel  
 2 in R1's mouth are no longer employed at the facility.  
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 4 Not only was facility staff physically abusing R1 by putting a foreign object in her mouth, the facility failed  
 5 to conduct a reappraisal of R1 to develop a plan on how to handle R1's combative behaviors.  
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 7 Based on interviews conducted and records reviewed, the preponderance of evidence standard has  
 8 been met, therefore the above allegation is found to be **SUBSTANTIATED**. California Code of  
 9 regulations, Title 22 citations are being cited on the attached LIC9099D.  
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 11 Exit Interview and copy of report and appeal rights provided.  
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SUPERVISOR'S NAME: Krystall Moore

TELEPHONE: (916) 263-4707

LICENSING EVALUATOR NAME: Laura Munoz

TELEPHONE: (916) 709-6317

LICENSING EVALUATOR SIGNATURE:

DATE: 01/31/2019

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FACILITY REPRESENTATIVE SIGNATURE:

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LIC9099 (FAS) - (06/04)

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