

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 331800062

Report Date: 06/29/2017

Date Signed 06/29/2017 01:23:41 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 3737 MAIN ST, STE 600,
MS29-26
RIVERSIDE, CA 92501

This is an official report of an unannounced visit/investigation of a complaint received in our office on
06/27/2017 and conducted by Evaluator [REDACTED]

PUBLIC

COMPLAINT CONTROL NUMBER: 18-SC-
20170627143336

FACILITY NAME:	[REDACTED]	FACILITY NUMBER:	331800062
ADMINISTRATOR:	[REDACTED]	FACILITY TYPE:	740
ADDRESS:	[REDACTED]	TELEPHONE:	(951) 684-4401
CITY:	RIVERSIDE	ZIP CODE:	92504
CAPACITY:	150	CENSUS:	UNANNOUNCED
MET WITH:	[REDACTED]	DATE:	06/29/2017
		TIME BEGAN:	09:32 AM
		TIME	01:30 PM
		COMPLETED:	

ALLEGATION(S):

1 Facility failed to ensure residents are receiving proper quality or quantity of food.

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INVESTIGATION FINDINGS:

1 Licensing Program Analyst (LPA) [REDACTED] conducted an unannounced visit to the facility for the
2 purpose of initiating the complaint investigation. LPA met with [REDACTED], Front Desk, and explained
3 the nature of the visit. LPA also interviewed [REDACTED], Dining Services Director, other staff and
4 residents during todays visit. [REDACTED]na, Facility Administrator, was unavailable,
5 therefore LPA discussed the findings with [REDACTED], Wellness Director.

6

7 This agency has investigated the complaint alleging the facility failed to ensure residents are receiving
8 proper quality or quantity of food. Based on LPA's observations, interviews conducted and records
9 reviewed, the preponderance of evidence standard has been met, therefore the above allegation is found
10 to be **SUBSTANTIATED**. California Code of Regulations, Title 22, Division 6, Chapter 8, Section 87555 is
11 being cited on the attached LIC 9099D. Based upon numerous staff and resident statements it has been

12 verified the facility served a meal which consisted of half a hot dog, a pickle and chips, which was not
13 sufficient to meet the daily recommended allowance of food. Staff also admitted they ran out of hot dogs
and began cutting them in half to

Substantiated	Estimated Days of Completion:
SUPERVISOR'S NAME: [REDACTED]	TELEPHONE: (951) 782-4831
LICENSING EVALUATOR NAME: [REDACTED]	TELEPHONE: (951) 255-9516
LICENSING EVALUATOR SIGNATURE:	DATE: 06/29/2017

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

FACILITY REPRESENTATIVE SIGNATURE: DATE: 06/29/2017

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

LIC9099 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 3737 MAIN ST, STE 600,
MS29-26
RIVERSIDE, CA 92501

FACILITY NAME: [REDACTED]

FACILITY NUMBER: 331800062
VISIT DATE: 06/29/2017

NARRATIVE

1 make sure everyone received one. In addition, the facility is required to receive regular consultation from
2 a nutritionist, dietician or a home economist. The consultation services shall be provided at appropriate
3 times, during at least one meal. A written record of the frequency, nature and duration of the consultant's
4 visits shall be secured from the consultant and kept on file in the facility. The facility presently does not
5 have a dietary consultant on staff to ensure the meals being provided are balanced and meet the dietary
6 requirements for the residents.

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8 A copy of this report, LIC 9099D, and appeal rights are being provided to and reviewed with [REDACTED]
9 [REDACTED] during the exit interview.

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11 LPA also provided a copy of Title 22 Regulations, Section 87555, General Food Service Requirements.

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SUPERVISOR'S NAME: [REDACTED]

TELEPHONE: (951) 782-4831

LICENSING EVALUATOR NAME: [REDACTED]
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (951) 255-9516
DATE: 06/29/2017

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/29/2017

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, 3737 MAIN ST, STE 600,
MS29-26
RIVERSIDE, CA 92501

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: MERIDIAN OF RIVERSIDE

FACILITY NUMBER: 331800062

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/29/2017

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 07/03/2017 Section Cited 87555(a)	GENERAL FOOD SERVICE REQUIREMENTS 1 The total daily diet provided for the residents shall meet the Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council. LPA reviewed the menu of foods actually served and they do not meet the Dietary Allowances recommended by the Food and Nutrition Board of the National Research Council.	1 The licensee shall obtain the required assistance from a licensed dietary consultant or nutritionist and develop a menu which contains the recommended dietary allowances for older adults. The menu shall show the residents are being served the correct amount of servings from each food group. A copy of the new menus shall be submitted to CCL no later than Monday, July 3,	2
	8 Not receiving proper nutrition directly effects the health and safety of each resident. 9 10 11 12 13 14	8 2017. The licensee will also send the consultant's report and copy of consultant's license to verify they are qualified to provide dietary recommendations. Any changes to the menu need to be documented and any meal replacements must meet the dietary guidelines for the residents. 9 10 11 12 13 14	9 10 11 12 13 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	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: [REDACTED]
LICENSING EVALUATOR NAME: [REDACTED]
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (951) 782-4831
TELEPHONE: (951) 255-9516
DATE: 06/29/2017

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/29/2017