

# COMPLAINT FORM

This form is intended to document complaints received.

**PRIORITY**

|   |  |  |   |
|---|--|--|---|
| Reported <input type="checkbox"/> In Person <input type="checkbox"/> By Letter or E-mail<br><input type="checkbox"/> By FAX <input checked="" type="checkbox"/> By Phone  |  | Complaint Number: <b>10-330</b><br>Type of Investigation: <b>GENERAL</b><br>Type of Program: <b>LIC/CERT</b> |   |
| Complainant Name:   |  | Provider License Number (If Applicable): <b>300077AN</b>   |   |
| Address:  |  | Provider Legal Name: <b>Narconon</b>   |   |
| City:   | State:   | Zip:   | Facility Name: <b>Huntington Harbor House</b>                       |
| Telephone Number(s):  |  | Address(s): <b>17123 Roundhill Drive</b>   |   |
| E-mail:   |  |  |   |
| Complainant's Relationship to Provider:   |  | City: <b>Huntington Beach</b> Zip: <b>92649</b>  |   |
| C1 – Facility Resident(s)                      C2 – Facility Staff<br>C3 – Neighbors                                      C4 – Relative/Friend<br>C5 – Public/Gov. Agency                      C6 – Anonymous<br>C7 – Former Resident                              C8 – Former Staff<br>C9 – Other    *** - Unknown |  | County: <b>Los Angeles</b>   |   |
|   |  | Contact Name: <b>Bernard Donegan</b>   |   |
|   |  | Telephone Number: <b>(323) 871-8644</b>  |   |
| Complainant waives confidentiality of his/her name and name of any person named in complaint except provider clients.   |  |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| COMPLAINT RECORDED BY: <b>Janina Guarino</b>  |  | DATE RECEIVED: <b>5/23/2011</b>  |   |
| COMPLETE FOR COUNSELOR MISCONDUCT COMPLAINTS  |  |  |   |
| COUNSELOR NAME  |  | CERTIFYING ORGANIZATION  | CERTIFICATION OR REGISTRATION NO.                                   |
| EXPIRATION OR RENEWAL DATE  |  |  |   |
| COUNSELOR COMPLAINT (90-DAY) DUE DATE:  |  |  |   |
| ALLEGATION (REGULATION / STANDARD)  | NATURE OF COMPLAINT  |  |   |
| 10564(c)  | Complainant alleges staff are not licensed or certified to perform AOD services.   |  |   |
| 10566(c)  | Complainant alleges they sent admission paperwork two weeks later via mail (post mark) regarding no refund policy.                     |  |   |
| 10569(a)(3)   | Complainant alleges consisted of sauna and without 24-hour supervision by qualified staff. Complainant alleges was locked up in sauna. |  |   |
| 10569(a)(2)<br>10569(a)(4)  | Complainant alleges Staff mimicked and talked over client, disrespectfully.  |  |   |
| 10572(b)(1)   | Complainant alleges that the Licensee's staff is not qualified to provide s. Staff does not have CPR certifications.                   |  |   |
| 10581(a)  | Complainant alleges facilities are "dirty and in state of disrepair".  |  |   |
| 10510   | Website is misleading regarding success rate of 78%.   |  |   |

**ASSIGNMENT INFORMATION**

|   |  |
|---|--|
| ASSIGNED FIELD OPERATIONS ANALYST: Robert Rose        | DATE COMPLAINT ASSIGNED: 11/17/11          |
| ASSIGNED COMPLAINT INVESTIGATOR: <i>Nahrien Young</i> | DATE INVESTIGATION WAS INITIATED: 12/01/11 |

**INVESTIGATION FINDINGS**

| ALLEGATION (REGULATION / STANDARD) | RESULT            | CLASS | ALLEGATION (REGULATION / STANDARD) | RESULT            | CLASS |
|------------------------------------|-------------------|-------|------------------------------------|-------------------|-------|
| 10564(c)                           | NOT SUBSTANTIATED | N/A   | 10581(a)                           | NOT SUBSTANTIATED | N/A   |
| 10566(c)                           | NOT SUBSTANTIATED | N/A   | 10510                              | NOT SUBSTANTIATED | N/A   |
| 10569(a)(3)                        | NOT SUBSTANTIATED | N/A   |                                    |                   |       |
| 10569(a)(2)(4)                     | NOT SUBSTANTIATED | N/A   |                                    |                   |       |
| 10572(b)(1)                        | NOT SUBSTANTIATED | N/A   |                                    |                   |       |

**COUNSELOR MISCONDUCT COMPLAINT FINDINGS**

| ALLEGATION | RESULT | ORDER |
|------------|--------|-------|
|            |        |       |
|            |        |       |
|            |        |       |
|            |        |       |
|            |        |       |
|            |        |       |

**FOLLOW-UP INVESTIGATION**

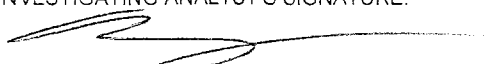
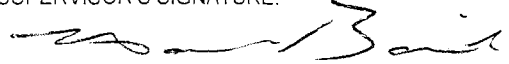
RECOMMENDED CATEGORY OF FOLLOW-UP:

| FOLLOW-UP VIOLATION (S) | RESULTS | CLASS | FOLLOW-UP VIOLATION (S) | RESULTS | CLASS |
|-------------------------|---------|-------|-------------------------|---------|-------|
|                         |         |       |                         |         |       |
|                         |         |       |                         |         |       |

**CLOSURE INFORMATION**

|  |                                      |
|--|--------------------------------------|
| INVESTIGATION COMPLETED BY: <i>Nahrien Young</i> | DATE OF INITIAL SITE VISIT: 12/01/11 |
| DATE REVIEW WAS COMPLETED: 02/16/12              | DATE OF FINAL REPORT: 03/06/12       |
| TOTAL FINES ASSESSED: N/A                        | DATE CLOSED: 04/06/12                |

**COMMENTS**

|  |               |  |               |
|--|---------------|--|---------------|
| INVESTIGATING ANALYST'S SIGNATURE:  | DATE: 4/13/12 | SUPERVISOR'S SIGNATURE:  | DATE: 4/16/12 |
|--|---------------|--|---------------|

**PROGRAM INVESTIGATIVE REPORT**



|   |   |   |
|---|---|---|
| PROGRAM/FACILITY ID NUMBER:<br>300077AN   | PROGRAM/FACILITY NAME:<br>Huntington Harbor House | COMPLAINT INVESTIGATION NUMBER:<br>10-330 |
| REFERENCES: (1) Health and Safety Code Section 11834.01 and California Code of Regulations (CCR), Title 9, Section 10502, Departmental Authority to License.<br>(2) Health and Human Services Agency, Department of Alcohol and Drug Programs, Alcohol and/or Other Drug Program Certification Standards. |   |   |


|  |  |
|--|--|
| PROGRAM/FACILITY LEGAL NAME:<br>Huntington Harbor House  | DATE OF SITE VISIT:<br>12/01/2011  |
| ADDRESS (Street, City and Zip):<br>17123 Roundhill Drive, Huntington Beach, CA, 92649  |  |
| TYPE OF INVESTIGATION:<br><input checked="" type="checkbox"/> COMPLAINT <input type="checkbox"/> FOLLOW-UP<br><input type="checkbox"/> UNLICENSED <input type="checkbox"/> DEATH<br><input type="checkbox"/> COUNSELOR MISCONDUCT – The Counselor Investigative Report may be referred upon. | TYPE OF PROGRAM/FACILITY: (Please check all that applies)<br><input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NONRESIDENTIAL <input checked="" type="checkbox"/> DETOXIFICATION <input type="checkbox"/> NTP <input type="checkbox"/> DUI<br><input checked="" type="checkbox"/> AOD LICENSED <input type="checkbox"/> DMC CERTIFIED <input type="checkbox"/> ADOLESCENT <input type="checkbox"/> PERINATAL<br><input checked="" type="checkbox"/> AOD CERTIFIED <input type="checkbox"/> COUNTY OPERATED <input type="checkbox"/> CDCR AFTER CARE PROGRAM |

**THE FOLLOWING INVESTIGATIVE REPORT IS BEING ISSUED AS A RESULT OF THE INVESTIGATION:**

NO DEFICIENCY (Licensed and/or Certified Programs)  
 DEATH INVESTIGATION (Licensed and/or Certified Programs)  
 CERTIFICATION (AOD Certified Programs)  
 NOTICE OF DEFICIENCY (Licensed Programs)  
 NOTICE OF OPERATION IN VIOLATION OF LAW (Unlicensed Programs)  
 INTERDEPARTMENTAL REFERRAL

The investigation was conducted in accordance with *California Code of Regulations (CCR), Title 9, Chapter 5*, and/or the *Alcohol and/or Other Drug Program Certification Standards* which may include the following: inspection of the program premises, review of program policies, procedures, staff and resident file(s), and the interview of residents and staff. In addition, the complaint investigator shall notify the licensed and/or certified program/facility director or his/her designee of the allegation(s) during the exit conference. (The ADP 9080, Detail Supportive Information form and ADP 7025, Confidential Names form may be referred upon.)

|  |                 |  |                 |
|--|-----------------|--|-----------------|
| <br>COMPLAINT ANALYST SIGNATURE<br>Nahrien Young<br>TELEPHONE: (916) 327-9503 | 3/16/12<br>DATE | <br>SUPERVISOR SIGNATURE<br>Harvinder Baraich<br>TELEPHONE: (916) 445-3594 | 3/16/12<br>DATE |
|--|-----------------|--|-----------------|

|  |                   |
|--|-------------------|
| I HAVE READ THE PROGRAM INVESTIGATIVE REPORT AND I UNDERSTAND MY APPEAL RIGHTS.  | TELEPHONE NUMBER: |
| <br>PROGRAM/FACILITY REPRESENTATIVE<br>Please sign above, initial any following pages and return the original to ADP. | 4/5/12<br>DATE    |
|  | 323-871-8644      |

**PROGRAM INVESTIGATIVE REPORT**

|   |   |   |
|---|---|---|
| PROGRAM/FACILITY ID NUMBER:<br>300077AN   | PROGRAM/FACILITY NAME:<br>Huntington Harbor House | COMPLAINT INVESTIGATION NUMBER:<br>10-330 |
| REFERENCES: (1) Health and Safety Code Section 11834.01 and California Code of Regulations (CCR), Title 9, Section 10502. Departmental Authority to License.<br>(2) Health and Human Services Agency, Department of Alcohol and Drug Programs, Alcohol and/or Other Drug Program Certification Standards. |   |   |

**ALLEGATION(S) AND FINDING(S)**

|    | ALLEGATION(S)  | FINDING(S)        |
|----|--|-------------------|
| a. | Staff is not licensed or certified to perform AOD services.  | Not Substantiated |
| b. | Admissions paperwork regarding Licensee's 'No Refund' policy was not received by Resident's _____ within seven days of _____ being admitted. | Not Substantiated |
| c. | _____ consisted of sauna and _____ without 24-hour supervision by qualified staff. Resident was locked up in sauna.                          | Not Substantiated |
| d. | Staff mimicked and talked over Resident, disrespectfully.  | Not Substantiated |
| e. | Staff is not certified to perform cardio-pulmonary resuscitation and first aid functions.  | Not Substantiated |
| f. | Facility is "dirty and in state of disrepair".   | Not Substantiated |

| THE FOLLOWING DEFICIENCY(IES) WERE ALSO IDENTIFIED AND SUBSTANTIATED DURING THE COURSE OF THE INVESTIGATION: |   | CLASS |
|--|---|-------|
| 1.   | Water damage was observed on the kitchen ceiling.   | B     |
| 2.   | Hot water heater in the garage was leaking.   | B     |
| 3.   | Fire extinguisher was observed to be missing Staff's initials and date of each month's safety inspection. | B     |
| 4.   | The window screen was torn in the upstairs, Staff's room.   | B     |
| 5.   | The shower head in male Residents' bathroom was held together by tape.                                    | B     |

**INVESTIGATIVE SUMMARY**

Complaint Analyst Nahrien Young (Analyst Young) and Program Compliance Supervisor Harvinder Baraich (Supervisor Baraich) made an unannounced complaint visit to Huntington Harbor House (Licensee) at the above address on December 1, 2011 to investigate complaint number 10-330. Also present during the course of the investigation was Bernard Donegan, Executive Director.

Upon arrival at 17123 Roundhill Drive, Huntington Beach, California, Analyst Young and Supervisor Baraich introduced themselves and presented Mr. Donegan with California Department of Alcohol and Drug Programs' (ADP) *Notice of Inspection of Confidential Records* and *Notice of Retention of Confidential Records*. Mr. Donegan received and signed both *Notices*. Thereafter, Analyst Young and Supervisor Baraich conducted a walk-through of Licensee's residential detoxification program located at above address, and inspected the facility.

|  |                  |
|--|------------------|
| I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. PLEASE INITIAL HERE: _____<br>_____<br>Program/Facility Representative | PAGE:<br>2 of 13 |
|--|------------------|

**PROGRAM INVESTIGATIVE REPORT**

|   |   |   |
|---|---|---|
| PROGRAM/FACILITY ID NUMBER:<br>300077AN   | PROGRAM/FACILITY NAME:<br>Huntington Harbor House | COMPLAINT INVESTIGATION NUMBER:<br>10-330 |
| REFERENCES: (1) Health and Safety Code Section 11834.01 and California Code of Regulations (CCR), Title 9, Section 10502. Departmental Authority to License.<br>(2) Health and Human Services Agency, Department of Alcohol and Drug Programs, Alcohol and/or Other Drug Program Certification Standards. |   |   |

The facility had five (5) bedrooms and three bathrooms. All five bedrooms were inspected; three were staff rooms and two were resident rooms. Total bed capacity for the facility was ten beds; six beds belonged to residents and four beds belonged to staff. Each resident room had three beds and one massage table. Each resident bedroom was designated a separate bathroom for males and females. Residents' bedrooms and bathrooms were observed to be in operating condition with minor deficiencies. The window screen in the upstairs Staff room was torn, and the male residents' bathroom showerhead was held together by tape.

Analyst Young and Supervisor Baraich inspected the outside premises of Licensee's facility. Outside, in the backyard, a spa/Jacuzzi was observed. It was discovered that residents can access the spa/Jacuzzi, as needed, when supervised by staff. Analyst Young and Supervisor Baraich conducted a walk-through of the backyard; no deficiencies were noted.

The kitchen area was clean, but a small portion of the ceiling appeared to have water damage. The food supply was plentiful; food was clearly labeled and identifiable. All of the Program's food is prepared by Staff Cook Joe Escobosa. Residents do not cook but have access to the kitchen area, if needed, after Mr. Escobosa leaves for the day. Residents have access to perishable food items, such as cereal, throughout the day. Two extra refrigerators, located inside the garage, are not accessible to residents.

The garage and laundry room were noted to be off limits to residents. A water heater inside the garage was observed to be leaking. Mr. Donegan was notified of the leaking water heater. All deficiencies noted by Analyst Young and Supervisor Baraich were discussed with Mr. Donegan at time of site visit.

|   |  |
|---|--|
| <b>ALLEGATION(S):</b>   |  |
| <b>DESCRIPTION OF ALLEGATION:</b>                               | Staff is not licensed or certified to perform AOD services.  |
| <b>FINDINGS:</b>  | Not Substantiated  |
| <b>REGULATORY AND/OR CERTIFICATION STANDARD REQUIREMENT(S):</b> | <b>California Code of Regulations (CCR), Title 9, Division 4, Chapter 5, § 10564(c) Personnel Requirements</b> states in part, <i>"In addition to the requirements of (b) of this regulation, program staff</i><br>a. <i>who provide counseling services (as defined in Section 13005) shall be licensed, certified, or registered to obtain certification pursuant to Chapter 8 (commencing with Section 13000)."</i> |
| <b>SUMMARY:</b>   | On 12/01/2011, Analyst Young and Supervisor Baraich obtained access and reviewed Licensee's Personnel/Staff files. All but one of the Licensee's Personnel/Staff were certified or registered with a Certifying Organization (CO) authorized by ADP to certify or register counselors. The only staff  |

|   |                  |
|---|------------------|
| I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. PLEASE INITIAL HERE: _____<br>Program/Facility Representative | PAGE:<br>3 of 13 |
|---|------------------|

**PROGRAM INVESTIGATIVE REPORT**

|   |   |   |
|---|---|---|
| PROGRAM/FACILITY ID NUMBER:<br>300077AN   | PROGRAM/FACILITY NAME:<br>Huntington Harbor House | COMPLAINT INVESTIGATION NUMBER:<br>10-330 |
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not registered or certified was . Analyst Young was advised that was a transfer from another facility, and that her personnel file had not arrived at above mentioned address. Analyst Young requested the personnel file of [redacted] from Licensee's headquarter office through Shannon Fonsworth. As of 02/13/12 Analyst Young has not received the requested file from Ms. Fonsworth.

Analyst Young searched the CO's databases for [redacted] registration or certification. Upon further review of [redacted] online database, [redacted] is registered and has been since [redacted]. Licensee is therefore not in violation of California Code of Regulations (CCR), Title 9, § 10564.

**ALLEGATION(S):**

**DESCRIPTION OF ALLEGATION:**  
 Admissions paperwork regarding Licensee's 'No Refund' policy was not received by Resident's [redacted] within seven days of [redacted] being admitted.

**FINDINGS:**  
 Not Substantiated

**REGULATORY AND/OR CERTIFICATION STANDARD REQUIREMENT(S):**  
 b. **California Code of Regulations (CCR), Title 9, Division 4, Chapter 5, § 10566(c) (e) Admission Agreements** states in part, "Such agreements shall be dated and signed by the resident and the licensee no later than seven (7) days following admission. When a facility admits an individual solely for detoxification services, as defined in section 10501(a) of this subchapter, the facility shall be exempt from this requirement. (e) The licensee shall retain the original copy of the agreement and shall provide a copy to the resident."

**SUMMARY:**  
 The allegation against Licensee is not substantiated since the CCR does not regulate the Licensee to provide a copy of the admission agreement to the [redacted] of Resident.

**ALLEGATION(S):**

**DESCRIPTION OF ALLEGATION:**  
 [redacted] consisted of sauna and [redacted] without 24-hour supervision by qualified staff. Resident was locked up in sauna.

**FINDINGS:**  
 Not Substantiated

|   |                  |
|---|------------------|
| I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. PLEASE INITIAL HERE: _____<br>Program/Facility Representative | PAGE:<br>4 of 13 |
|---|------------------|

**PROGRAM INVESTIGATIVE REPORT**

|   |   |   |
|---|---|---|
| PROGRAM/FACILITY ID NUMBER:<br>300077AN   | PROGRAM/FACILITY NAME:<br>Huntington Harbor House | COMPLAINT INVESTIGATION NUMBER:<br>10-330 |
| REFERENCES: (1) Health and Safety Code Section 11834.01 and California Code of Regulations (CCR), Title 9, Section 10502. Departmental Authority to License.<br>(2) Health and Human Services Agency, Department of Alcohol and Drug Programs, Alcohol and/or Other Drug Program Certification Standards. |   |   |

c. REGULATORY AND/OR CERTIFICATION STANDARD REQUIREMENT(S):  
**California Code of Regulations (CCR), Title 9, Division 4, Chapter 5, § 10569(a)(3) Personal Rights** states in part, *“Each resident shall have personal rights which include, but are not limited to, the following: to be accorded safe, healthful and comfortable accommodations to meet his or her needs.”*

And,

**California Code of Regulations (CCR), Title 9, Division 4, Chapter 5, § 10563, Accountability** provides, *“The licensee, whether an individual or other entity, is accountable for the general supervision of the licensed facility, and for the establishment of policies concerning its operation.”*

SUMMARY:  
 A complete walk-through of Licensee’s facility was conducted and a sauna was not observed to be at facility. A spa/Jacuzzi tub was observed. The spa/Jacuzzi was out in the backyard, visibly noticeable to staff, and it was not an enclosed structure. According to Licensee, staff shall accompany the residents at all times while residents are in spa/Jacuzzi. Analyst Young, observed residents in spa/Jacuzzi being observed by Licensee’s staff. Therefore, this allegation is not substantiated.


**ALLEGATION(S):**

DESCRIPTION OF ALLEGATION:  
 Staff mimicked and talked over Resident, disrespectfully.

FINDINGS:  
 Not Substantiated

REGULATORY AND/OR CERTIFICATION STANDARD REQUIREMENT(S):  
 d. **California Code of Regulations (CCR), Title 9, Division 4, Chapter 5, § 10569(a)(2)(4), Personal Rights** states in part, *“Each resident shall have personal rights which include, but are not limited to, the following: be accorded dignity in personal relationships with staff and other persons; To be free from intellectual, emotional and/or physical abuse.”*

SUMMARY:  
 Residents were observed to be monitored at all times, and staff was noticeably respectful while communicating with the residents. Analyst Young interviewed Resident 1 and Resident 2; both residents denied staff was disrespectfully in any way.

|   |                  |
|---|------------------|
| I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. PLEASE INITIAL HERE: _____<br><div style="text-align: center;"></div> <div style="text-align: center;">Program/Facility Representative</div> | PAGE:<br>5 of 13 |
|---|------------------|

### PROGRAM INVESTIGATIVE REPORT

|   |   |   |
|---|---|---|
| PROGRAM/FACILITY ID NUMBER:<br>300077AN   | PROGRAM/FACILITY NAME:<br>Huntington Harbor House | COMPLAINT INVESTIGATION NUMBER:<br>10-330 |
| REFERENCES: (1) Health and Safety Code Section 11834.01 and California Code of Regulations (CCR), Title 9, Section 10502. Departmental Authority to License.<br>(2) Health and Human Services Agency, Department of Alcohol and Drug Programs, Alcohol and/or Other Drug Program Certification Standards. |   |   |

#### Interviews:

Two Residents were interviewed on \_\_\_\_\_ Resident 1, a \_\_\_\_\_, and Resident 2, a \_\_\_\_\_ were randomly chosen to be interviewed. Both Residents were asked general questions surrounding their current state of the recovery process. The questions included, but were not limited to: admission date, \_\_\_\_\_, past history with \_\_\_\_\_ programs, and \_\_\_\_\_ process.

Analyst Young and Supervisor Baraich interviewed Resident 1 at Huntington Harbor House. Resident 1 was asked general questions surrounding Resident 1's treatment, and then followed by more specific questions surrounding violation of Personal Rights. The following interview relates to the specific questions and answers regarding violation of CCR Section 10569:

AY: When were you admitted to this Program?

RS1: *I have been here since*

AY: Were you informed of your personal when you enrolled?

RS1: *Yes.*

AY: Have you seen a medical doctor since you have been here?

RS1:

AY: Are you currently taking any prescribed medication?

RS1:

AY: What does your \_\_\_\_\_ treatment consist of? How are you being \_\_\_\_\_?

RS1: *I get assists*

AY1: Are you ever asked to do something you don't want to?

RS1: *No, there is one person assigned to each of us at all times. They cater to us and ask us what we feel like doing.*

AY: Do you feel you are being treated with respect and dignity?

RS1: *Yes. Staff is polite, catering and nice.*

AY: Have you ever been a victim of or have witnessed any verbal, emotional, or physical abuse from staff here?

RS1: *No.*

AY: *Is there anything you would like to add, or do you have any questions for us?*

RS1: *No.*

Resident 2 was interviewed at Huntington Harbor House, and was asked general questions surrounding Resident 2's treatment, and then followed by more specific questions surrounding violation of Personal Rights. The following interview relates to the specific questions and answers regarding violation of CCR Section 10569:

AY: When were you admitted to this Program?

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. PLEASE INITIAL HERE: \_\_\_\_\_

Program/Facility Representative

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**PROGRAM INVESTIGATIVE REPORT**

|   |   |   |
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RS2:  
 AY: Were you informed of your personal rights when you enrolled?  
 RS2: Yes, I think I have a copy of it somewhere.  
 AY: Have you seen a medical doctor since you have been here?  
 RS2:  
 AY: Are you currently taking any prescribed medication?  
 RS2:  
 AY: What does your treatment consist of? How are you being treated?  
 RS2: I am.  
 AY: Are you ever asked to do something you don't want to?  
 RS2: No. This is the best type of program I have been to, and have been to  
 AY: Do you feel you are being treated with respect and dignity?  
 RS2: Yes, very respectful and helpful. Excellent.  
 AY: Have you ever been a victim of or have witnessed any verbal, emotional, or physical abuse from staff here?  
 RS2: No.  
 AY: Is there anything you would like to add, or do you have any questions for us?  
 RS2: This is the best program I have been in so far. I have been back and forth in

Both Residents expressed their overall impression of Program to be positive, and that Staff were respectful and professional. There was lack of evidence regarding Staff misconduct towards Residents; allegation is not substantiated.

**ALLEGATION(S):**

**DESCRIPTION OF ALLEGATION:**  
 Staff is not certified to perform cardio-pulmonary resuscitation and first aid functions.

**FINDINGS:**  
 Not Substantiated

**REGULATORY AND/OR CERTIFICATION STANDARD REQUIREMENT(S):**  
 e. **California Code of Regulations (CCR), Title 9, Division 4, Chapter 5, § 10572(b)(1) Health Related Services** states in part, "(b)During the provision of alcoholism or drug abuse recovery or treatment services as defined in section 10501(a) of this subchapter there shall be at least one person in the facility who is capable of providing cardiopulmonary resuscitation and first aid, notwithstanding section 10572(b)(1) of this subchapter. Individuals providing cardiopulmonary resuscitation and first aid shall be qualified by the American Red Cross or other recognized agencies. (1)Facilities providing detoxification services shall ensure that at least one person is

|   |                  |
|---|------------------|
| I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. PLEASE INITIAL HERE: _____<br><div style="text-align: center;"><br/>       Program/Facility Representative</div> | PAGE:<br>7 of 13 |
|---|------------------|

**PROGRAM INVESTIGATIVE REPORT**

|  |   |   |
|--|---|---|
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*always on the premises who is capable of providing cardiopulmonary resuscitation and first aid."*

**SUMMARY:**  
 Analyst Young and Supervisor Baraich reviewed Licensee's Personnel/Staff files. It was observed that four out of eight counselors were qualified to perform cardiopulmonary resuscitation (CPR) and first-aid functions. According to Mr. Donegan, there is always a staff member who is CPR certified on-site. Of the four counselors certified, two of them, \_\_\_\_\_ and \_\_\_\_\_ both live on-site at the facility.

Licensee is not in violation of CCR section 10572 since one person is always on the premise that is capable of providing CPR and first-aid. Therefore, this allegation is not substantiated.

**ALLEGATION(S):**

**DESCRIPTION OF ALLEGATION:**  
 Facility is "dirty and in state of disrepair".

**FINDINGS:**  
 Not Substantiated

**REGULATORY AND/OR CERTIFICATION STANDARD REQUIREMENT(S):**  
**California Code of Regulations (CCR), Title 9, Division 4, Chapter 5, §10581(a), Buildings and Grounds** states in part, *"(a)Facilities shall be clean, safe, and sanitary and in good repair at all times for the safety and well-being of residents, employees and visitors."*

f.

**SUMMARY:**  
 On 12/01/2011, Analyst Young and Supervisor Baraich conducted an inspection of the Licensee's facility at above mentioned address. According to Mr. Donegan, the majority of the cleaning is done by Staff members. The Residents can assist in cleaning if they feel like doing so, and it doesn't interfere with their \_\_\_\_\_. The overall condition of the facility was clean and sanitary. Therefore, the allegation is not substantiated.

**THE FOLLOWING DEFICIENCY(IES) WERE ALSO IDENTIFIED AND SUBSTANTIATED DURING THE COURSE OF THE INVESTIGATION:**

**DESCRIPTION OF DEFICIENCY:**  
 Water damage was observed on the kitchen ceiling.

1. **FINDINGS:**  
 Substantiated.

**REGULATORY AND/OR CERTIFICATION STANDARD REQUIREMENT(S):**

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| I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. PLEASE INITIAL HERE: _____ | <br>Program/Facility Representative | PAGE:<br>8 of 13 |
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**PROGRAM INVESTIGATIVE REPORT**

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|---|---|---|
| PROGRAM/FACILITY ID NUMBER:<br>300077AN   | PROGRAM/FACILITY NAME:<br>Huntington Harbor House | COMPLAINT INVESTIGATION NUMBER:<br>10-330 |
| REFERENCES: (1) Health and Safety Code Section 11834.01 and California Code of Regulations (CCR), Title 9, Section 10502. Departmental Authority to License.<br>(2) Health and Human Services Agency, Department of Alcohol and Drug Programs, Alcohol and/or Other Drug Program Certification Standards. |   |   |

**California Code of Regulations (CCR), Title 9, Division 4, Chapter 5, §10581(a), Buildings and Grounds** states in part, *“Facilities shall be clean, safe, and sanitary and in good repair at all times for the safety and well-being of residents, employees and visitors.”*

SUMMARY:  
Upon entering the kitchen, a large bubble-type impression was observed on the kitchen ceiling. The impression appeared to be water damage. Mr. Donegan was notified of the damage on kitchen ceiling, and he was advised the damage should be repaired immediately.

**THE FOLLOWING DEFICIENCY(IES) WERE ALSO IDENTIFIED AND SUBSTANTIATED DURING THE COURSE OF THE INVESTIGATION:**

DESCRIPTION OF DEFICIENCY:  
Hot water heater in the garage was leaking.

FINDINGS:  
Substantiated.

REGULATORY AND/OR CERTIFICATION STANDARD REQUIREMENT(S):  
**California Code of Regulations (CCR), Title 9, Division 4, Chapter 5, §10581(a)(b), Buildings and Grounds** states in part, *“(a)Facilities shall be clean, safe, and sanitary and in good repair at all times for the safety and well-being of residents, employees and visitors. (b)All residents shall be protected against hazards within the facility through provision of protective devices including but not limited to nonslip material on rugs.”*

2. SUMMARY:  
Upon entering the garage, Analyst Young observed the water heater was leaking. A bucket was placed in front of the water heater to catch the dripping water. Mr. Donegan was notified of the leaking water heater, and he was advised the damage should be repaired immediately.

**THE FOLLOWING DEFICIENCY(IES) WERE ALSO IDENTIFIED AND SUBSTANTIATED DURING THE COURSE OF THE INVESTIGATION:**

DESCRIPTION OF DEFICIENCY:  
Fire extinguisher was observed to be missing Staff’s initials and date of each month’s safety inspection.

3. FINDINGS:  
Substantiated.

REGULATORY AND/OR CERTIFICATION STANDARD REQUIREMENT(S):

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| I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. PLEASE INITIAL HERE: _____<br>Program/Facility Representative | PAGE:<br>9 of 13 |
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### PROGRAM INVESTIGATIVE REPORT

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| PROGRAM/FACILITY ID NUMBER:<br>300077AN   | PROGRAM/FACILITY NAME:<br>Huntington Harbor House | COMPLAINT INVESTIGATION NUMBER:<br>10-330 |
| REFERENCES: (1) Health and Safety Code Section 11834.01 and California Code of Regulations (CCR), Title 9, Section 10502. Departmental Authority to License.<br>(2) Health and Human Services Agency, Department of Alcohol and Drug Programs, Alcohol and/or Other Drug Program Certification Standards. |   |   |

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| <p><b>California Code of Regulations (CCR), Title 9, Division 4, Chapter 5, §10581(a)(b), Buildings and Grounds</b> states in part, "(a)Facilities shall be clean, safe, and sanitary and in good repair at all times for the safety and well-being of residents, employees and visitors. (b)All residents shall be protected against hazards within the facility through provision of protective devices including but not limited to nonslip material on rugs."</p> <p><u>SUMMARY:</u><br/>During the inspection of the Licensee's facility at above address, the fire extinguishers were missing Staff's initials that would indicate monthly visual inspections were conducted. Licensee has the responsibility to conducted regular inspection, testing and maintenance of workplace portable fire extinguishers. Visual inspections are required to be performed on a monthly basis and a maintenance check must be performed each year. Mr. Donegan was advised of conducting monthly, visual inspections of the fire extinguishers.</p> |
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| <b>THE FOLLOWING DEFICIENCY(IES) WERE ALSO IDENTIFIED AND SUBSTANTIATED DURING THE COURSE OF THE INVESTIGATION:</b> |   |
| 4.  | <p><u>DESCRIPTION OF DEFICIENCY:</u><br/>The window screen was torn in the upstairs, Staff's room.</p> <p><u>FINDINGS:</u><br/>Substantiated.</p> <p><u>REGULATORY AND/OR CERTIFICATION STANDARD REQUIREMENT(S):</u><br/><b>California Code of Regulations (CCR), Title 9, Division 4, Chapter 5, §10584(b), Fixtures, Furniture, Equipment and Supplies</b> states in part, "(b)All window screens shall be in good repair and free of insects, dirt and other debris."</p> <p>...</p> <p><u>SUMMARY:</u><br/>During the inspection of the bedrooms, Analyst Young and Supervisor Baraich observed the window screen in the male Staff's room was torn. A portable air-conditioning unit was installed in the window, causing the screen to tear. Mr. Donegan was notified of the tear and he was advised the damage should be repaired immediately.</p> |

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| <b>THE FOLLOWING DEFICIENCY(IES) WERE ALSO IDENTIFIED AND SUBSTANTIATED DURING THE COURSE OF THE INVESTIGATION:</b> |   |
| 5.  | <p><u>DESCRIPTION OF DEFICIENCY:</u><br/>The shower head in male Residents' bathroom was held together by tape.</p> <p><u>FINDINGS:</u></p> |

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| I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. PLEASE INITIAL HERE: _____<br>Program/Facility Representative | PAGE:<br>10 of 13 |
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**PROGRAM INVESTIGATIVE REPORT**

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| PROGRAM/FACILITY ID NUMBER:<br>300077AN   | PROGRAM/FACILITY NAME:<br>Huntington Harbor House | COMPLAINT INVESTIGATION NUMBER:<br>10-330 |
| REFERENCES: (1) Health and Safety Code Section 11834.01 and California Code of Regulations (CCR), Title 9, Section 10502. Departmental Authority to License.<br>(2) Health and Human Services Agency, Department of Alcohol and Drug Programs, Alcohol and/or Other Drug Program Certification Standards. |   |   |

Substantiated.

**REGULATORY AND/OR CERTIFICATION STANDARD REQUIREMENT(S):**  
**California Code of Regulations (CCR), Title 9, Division 4, Chapter 5, §10581(a)(b), Buildings and Grounds** states in part, *“(a)Facilities shall be clean, safe, and sanitary and in good repair at all times for the safety and well-being of residents, employees and visitors. (b)All residents shall be protected against hazards within the facility through provision of protective devices including but not limited to nonslip material on rugs.”*

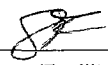
And,  
**California Code of Regulations (CCR), Title 9, Division 4, Chapter 5, §10584(e), Fixtures, Furniture, Equipment and Supplies** states in part, *“(e) All toilets, hand washing and bathing facilities shall be maintained in safe and sanitary operating conditions.”*

**SUMMARY:**  
 During the inspection of the bathrooms, the shower head in the male Residents' bathroom was held together by tape. Mr. Donegan was notified of the hazard and he was advised the damage should be repaired immediately.

**NOTICE OF DEFICIENCY – It is important that the licensee complies with regulations and the instructions of this Notice of Deficiency.** Failure of the licensee to comply may result in other possible enforcement actions, such as license suspension or revocation.

**Written Notification to Department:** The licensee shall submit written verification of correction for the deficiency identified in this notice of deficiency to ADP within **30** days of receipt of the notice of deficiency. The written verification shall substantiate that the deficiency has been corrected and specify the date when the deficiency was corrected. If the licensee cannot correct the deficiency within **30** days of receipt of this notice, the licensee shall submit a written Corrective Action Plan (CAP) to: Manager, Program Compliance Branch, Department of Alcohol and Drug Programs, Licensing and Certification Division, 1700 K Street, Sacramento, CA 95814. The CAP shall include what steps the licensee has taken to correct the deficiency; substantiate why the deficiency cannot be corrected as specified in this notice; and specify when the deficiency will be corrected. The written verification of correction or written CAP shall be **postmarked** no later than the date(s) specified in this notice.

**Penalty:** Failure to correct the above cited deficiencies shall result in the assessment of a civil penalty of \$50 per day for each Class A deficiency. Class B deficiencies also accrue a \$50 per day civil penalty beginning on the **31st** day after receiving this notice and will continue to accrue until the date the licensee submits verification that the deficiencies are corrected or until the date a written CAP is received and approved. \$25 per day will accrue for each Class C deficiency, beginning on the 31st day after receiving this notice and will continue to accrue until the date the licensee submits verification that the deficiencies are corrected or until the date a written CAP is received and approved. The date of

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| I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. PLEASE INITIAL HERE: _____<br><div style="text-align: center;"> <br/>                 Program/Facility Representative             </div> | PAGE:<br>11 of 13 |
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**PROGRAM INVESTIGATIVE REPORT**

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submission by the licensee of the written verification of correction, or the written CAP, shall be the date that it is **postmarked**. The maximum daily civil penalty for the deficiencies shall not exceed one hundred and fifty dollars (\$150) per day.

PROGRAM INVESTIGATIVE REPORT SUPPLEMENTARY INFORMATION


**IT IS IMPORTANT THAT THE PROGRAM/FACILITY COMPLY WITH THE CALIFORNIA CODE OF REGULATIONS (CCR), TITLE 9.**

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**NOTICE OF DEFICIENCY** – Title 9, Chapter 5, Sections 10543 & 10544, of the California Code of Regulations (CCR), requires the Department complaint investigator/reviewer to prepare a written NOD at the completion of each complaint investigation/licensing compliance review listing all deficiencies noted. The NOD is made a part of the licensing records for the facility and the licensing agency, and is available for public review. Care is taken not to disclose any confidential information in the report. Inquiries concerning the location, maintenance, and content of these reports may be directed to the Department of Alcohol and Drug Programs, Licensing and Certification Division, 1700 K Street, Sacramento, CA 95814-4037.

**DEFICIENCIES** – A deficiency is a failure to comply with any provision of the regulations pursuant to Chapter 7.5 of Part 2 of Division 10.5 of the Health and Safety Code. The NOD shall specify: the section number, title, and code of each statute or regulation which has been violated; the manner in which the licensee has failed to comply with a specified statute or regulation, and the particular place or area of the facility in which it occurred; the date by which each deficiency shall be corrected; amount of the civil penalty to be assessed in accordance with Title 9, Chapter 5, Sections 10547, CCR, and the date the Department shall begin to assess the penalty, if the licensee fails to correct the noticed deficiencies or submit a CAP.

**WRITTEN NOTIFICATION TO DEPARTMENT** – The licensee shall submit to the Department written verification of correction for each deficiency identified in this notice of deficiency (NOD). The written verification shall substantiate that the deficiency has been corrected and specify the date when the deficiency was corrected. If the licensee cannot correct a deficiency within the days specified in this NOD, the licensee shall submit a written CAP to: Manager, Programs Compliance Branch, Department of Alcohol and Drug Programs, Licensing and Certification Division, 1700 K Street, Sacramento, CA 95814. The CAP shall include what steps the licensee has taken to correct the deficiency (ies); substantiate why the deficiency cannot be corrected as specified in this NOD; and indicate the specific date when the deficiency (ies) will be corrected. The written verification of correction or written CAP shall be postmarked no later than the date specified in this NOD.

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| I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. PLEASE INITIAL HERE:  | PAGE:<br>12 of 13 |
| Program/Facility Representative  |                   |

**PROGRAM INVESTIGATIVE REPORT**


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**CLASS A DEFICIENCIES – Due to the imminent danger to residents, Class A deficiencies must be abated or eliminated immediately.** An immediate civil penalty of fifty dollars (\$50) is assessed against the licensee upon the discovery of each Class A deficiency described in this NOD. The civil penalty will continue to accrue until the licensee submits verification that each deficiency is corrected. Failure of the licensee to comply may result in other possible enforcement actions, such as license suspension or revocation.

**CLASS B DEFICIENCIES –** Due to the potential danger of the health and safety of residents, the time period to correct the Class B deficiencies may be less than thirty (30) days if the reviewer determines the deficiency is sufficiently serious to require correction within a shorter period of time.

**ALL OTHER DEFICIENCIES –** The licensee shall submit to the Department written verification of correction for each deficiency identified in this NOD within thirty (30) days of receiving this NOD. Failure to correct the deficiencies described in this NOD by the date specified shall result in the assessment of a civil penalty of fifty dollars (\$50) per day for each Class B deficiency and twenty-five dollars (\$25) per day for each Class C deficiency, beginning on the 31<sup>st</sup> day after the receipt of this NOD and will continue to accrue until the date the licensee submits verification that all deficiencies are corrected or until the date a written CAP is received and approved by the Department. The date of submission by the licensee of the written verification of correction by the licensee shall be the date it is postmarked. The maximum daily civil penalty for all deficiencies shall not exceed one hundred and fifty dollars (\$150) per day.

**CORRECTIVE ACTION PLAN (CAP) –** Title 9, Chapter 5, Section 10545, CCR, allows the licensee to submit a CAP for those Class B or C deficiencies which cannot be corrected by the date specified in the NOD. The licensee shall send a written CAP addressed to the Manager of the Programs Compliance Branch, Department of Alcohol and Drug Programs, Licensing and Certification Division, 1700 K Street, Sacramento, CA 95814-4037, postmarked no later than the date specified in the NOD. The written CAP shall include: what steps the licensee has taken to correct the deficiency; substantiate why the deficiency cannot be corrected by the date specified in the NOD; and specify when the deficiency will be corrected. Within ten (10) days of receipt of the CAP, the Department shall notify the licensee, in writing by first class mail, whether the CAP has been approved.

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| I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. PLEASE INITIAL HERE: _____ | <br>Program/Facility Representative | PAGE:<br>13 of 13 |
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