

### DEATH INVESTIGATIVE REPORT

PROGRAM/FACILITY ID NUMBER:	PROGRAM/FACILITY NAME:	COMPLAINT NUMBER:	INVESTIGATION
<b>REFERENCES:</b> (1) Health and Safety Code Section 11834.01 and California Code of Regulations (CCR), Title 9, Section 10502. Departmental Authority to License. (2) Health and Human Services Agency, Alcohol and/or Other Drug Program Certification Standards.			

PROGRAM/FACILITY LEGAL NAME:	REPORT DATE:
------------------------------	--------------

ADDRESS (Street, City and Zip):

TYPE OF INVESTIGATION: <input type="checkbox"/> COMPLAINT <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> UNLICENSED <input type="checkbox"/> DEATH <input type="checkbox"/> COUNSELOR MISCONDUCT – The Counselor Investigative Report may be referenced.	TYPE OF PROGRAM/FACILITY: (Please check all that applies) <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NONRESIDENTIAL <input type="checkbox"/> DETOXIFICATION <input type="checkbox"/> NTP <input type="checkbox"/> <input type="checkbox"/> DUI <input type="checkbox"/> AOD LICENSED <input type="checkbox"/> DMC CERTIFIED <input type="checkbox"/> ADOLESCENT <input type="checkbox"/> <input type="checkbox"/> PERINATAL <input 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)
- NOTICE OF DEFICIENCY (Licensed and/or Certified Programs)
- DEATH INVESTIGATION (Licensed and/or Certified Programs)
- REPORTED IN ADHEREHENCE TO CCR, Title 9, Chapter 5, §10561(b)

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 analyst shall notify the licensed and/or certified program/facility director or his/her designee of the allegation(s) during the exit conference.

COMPLAINT ANALYST SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE
TELEPHONE:		TELEPHONE:	

I HAVE READ THE PROGRAM INVESTIGATIVE REPORT AND I UNDERSTAND MY APPEAL RIGHTS.	TELEPHONE NUMBER:
PROGRAM/FACILITY REPRESENTATIVE	DATE
Please sign above, initial any following pages and return the original to DHCS.	

### DEATH INVESTIGATIVE REPORT

PROGRAM/FACILITY ID NUMBER:	PROGRAM/FACILITY NAME:	COMPLAINT NUMBER:	INVESTIGATION
<b>REFERENCES:</b> (1) Health and Safety Code Section 11834.01 and California Code of Regulations (CCR), Title 9, Section 10502. Departmental Authority to License. (2) Health and Human Services Agency, Alcohol and/or Other Drug Program Certification Standards.			

DESCRIPTION OF INCIDENT(S)	REGULATORY AND/OR CERTIFICATION STANDARD REQUIREMENT
a.	

### DEATH INVESTIGATION SUMMARY

a.	<p><u>DESCRIPTION OF INCIDENT:</u></p>  <p><u>REGULATORY AND/OR CERTIFICATION STANDARD REQUIREMENT(S):</u></p> <p><u>SUMMARY:</u></p>
----	--

NOTICE OF DEFICIENCY (FOR VIOLATION OF CCR, TITLE 9, CHAPTER 5) – The licensee shall submit written verification of correction for the deficiency(ies) identified in this notice of deficiency to DHCS within [#] days of receipt of the notice of deficiency. The written verification shall substantiate that the deficiency(ies) **has / have** been corrected and specify the date when the deficiency(ies) **was / were** corrected. If the licensee cannot correct the deficiency(ies) within [#] days of receipt of this notice, the licensee shall submit a written Corrective Action Plan (CAP) to: Manager, Program Compliance Branch, Department of Health Care Services, Licensing and Certification Division, MS 2600, PO Box 997413, Sacramento, CA 95899-7413. The CAP shall include what steps the licensee has taken to correct the deficiency(ies); substantiate why the deficiency(ies) 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 deficiency(ies) shall result in the assessment of a civil penalty of \$50 per day for each Class A and Class B deficiency(ies), and \$25 per day for each Class C deficiency(ies), beginning on the [#] day after receiving this notice and will continue to accrue until the date the licensee submits verification that the deficiency(ies) **is/are** corrected or until the date a written CAP is received and approved. The date of 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 deficiency(ies) shall not exceed one hundred and fifty dollars (\$150) per day.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. PLEASE INITIAL HERE: _____	PAGE: 2 of 6
<b>Program/Facility Representative</b>	

**DEATH INVESTIGATIVE REPORT**

PROGRAM/FACILITY ID NUMBER:	PROGRAM/FACILITY NAME:	COMPLAINT NUMBER:	INVESTIGATION
<b>REFERENCES:</b> (1) Health and Safety Code Section 11834.01 and California Code of Regulations (CCR), Title 9, Section 10502. Departmental Authority to License. (2) Health and Human Services Agency, Alcohol and/or Other Drug Program Certification Standards.			

**NOTICE OF DEFICIENCY (FOR VIOLATION OF AOD CERTIFICATION STANDARDS)** – The program shall submit written verification of correction for the deficiency(ies) identified in this certification report to the reviewer at the Department of Health Care Services, Licensing and Certification Division, MS 2600, PO Box 997413, Sacramento, CA 95899-7413. **The written verification shall be postmarked no later than 30 days from the date of this certification report or if mailed, 30 days from the date of the Department’s letter transmitting the report.** The written verification shall substantiate that the deficiency has been corrected and specify the date when the deficiency was corrected.

**Failure to correct deficiencies:** Alcohol and/or Other Drug Program Certification Standards, Section 6000(b) - If the program fails to correct deficiencies and notify the Department within 30 days of the date of the certification report or if mailed, within 30 days of the date of the Department’s letter transmitting the report, certification shall be suspended. The beginning date of suspension shall be the 31<sup>st</sup> day following the date of the certification report or if mailed, the 31<sup>st</sup> day of the date of the Department’s letter transmitting the report. To end the term of suspension, the program shall correct and provide the Department with written verification that all deficiencies have been corrected. The reinstatement date of the certification shall be the date the written verification of correction is received and accepted by the Department.

Alcohol and/or Other Drug Program Certification Standards, Section 6000(c) – The Department shall revoke the program certification if the program fails to correct the deficiencies and notify the Department within 90 days of the date of the Department’s letter transmitting the report. The revocation shall be effective on the 91<sup>st</sup> day following the date of the Department’s letter transmitting the report. To become recertified, the program must apply as an applicant for initial certification and demonstrate that it meets all of the requirements of these standards.

**DEATH INVESTIGATIVE REPORT SUPPLEMENTARY INFORMATION**

**IT IS IMPORTANT THAT THE PROGRAM/FACILITY COMPLY WITH THE CALIFORNIA CODE OF REGULATIONS, TITLE 9, AND/OR THE ALCOHOL AND/OR OTHER DRUG PROGRAM CERTIFICATION STANDARDS.**

\* \* \*

**NOTICE OF DEFICIENCY** – Title 9, Chapter 5, Sections 10543 & 10544, of the California Code of Regulations (CCR), requires the Department complaint analyst/reviewer to prepare a written Notice Of Deficiency (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 Health Care Services, Licensing and Certification Division, MS 2600, PO Box 997413, Sacramento, CA 95899-7413.

**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

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. PLEASE INITIAL HERE: _____ Program/Facility Representative	PAGE: 3 of 6
--	-----------------

**DEATH INVESTIGATIVE REPORT**

PROGRAM/FACILITY ID NUMBER:	PROGRAM/FACILITY NAME:	COMPLAINT NUMBER:	INVESTIGATION
<b>REFERENCES:</b> (1) Health and Safety Code Section 11834.01 and California Code of Regulations (CCR), Title 9, Section 10502. Departmental Authority to License. (2) Health and Human Services Agency, Alcohol and/or Other Drug Program Certification Standards.			

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 Corrective Action Plan (CAP).

**WRITTEN NOTIFICATION TO DEPARTMENT** – The licensee shall submit to the Department written verification of correction for each deficiency identified in this 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 time specified in this NOD, the licensee shall submit a written CAP to: Manager, Programs Compliance Branch, Department of Health Care Services, Licensing and Certification Division, MS 2600, PO Box 997413, Sacramento, CA 95899-7413. 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.

**CLASS A DEFICIENCIES** – Due to the imminent danger to residents, Class A deficiencies must be abated or eliminated immediately.

**CLASS B DEFICIENCIES** – Due to the potential danger of the health and safety of residents, the time period to correct the Class B deficiencies shall be corrected within thirty (30) days of receipt of the NOD unless the complaint analyst/reviewer determines that the deficiency is sufficiently serious to require correction within a shorter period of time.

**CLASS C DEFICIENCIES** – Class C deficiencies shall be corrected within thirty (30) days of receipt of the NOD, unless the complaint analyst/reviewer determines that the deficiency cannot be completely corrected within thirty (30) days. In that event, the complaint analyst/reviewer shall specify in the NOD the time in which the deficiency shall be corrected and the reason why it cannot be corrected within thirty (30) days.

**CIVIL PENALTIES** – Failure to correct the deficiencies described in this NOD by the time specified shall result in the assessment of a civil penalty of twenty-five dollars (\$25) per day for each Class C deficiency and fifty dollars (\$50) per day for each Class A or B deficiency. The Department shall assess civil penalties from the date specified in the NOD or subsequent approved corrective action plan (CAP) until the date the licensee submits written verification that the deficiencies are corrected. The date of submission by the licensee shall be the date the written verification is postmarked. The maximum daily civil penalty for all deficiencies shall not exceed one hundred and fifty dollars (\$150) per day. Failure of

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. PLEASE INITIAL HERE: _____ Program/Facility Representative	PAGE: 4 of 6
--	-----------------

**DEATH INVESTIGATIVE REPORT**

PROGRAM/FACILITY ID NUMBER:	PROGRAM/FACILITY NAME:	COMPLAINT NUMBER:	INVESTIGATION
<b>REFERENCES:</b> (1) Health and Safety Code Section 11834.01 and California Code of Regulations (CCR), Title 9, Section 10502. Departmental Authority to License. (2) Health and Human Services Agency, Alcohol and/or Other Drug Program Certification Standards.			

the licensee to comply may result in other possible enforcement actions, such as license suspension or revocation.

**CORRECTIVE ACTION PLAN (CAP)** – Title 9, Chapter 5, Section 10545, California Code of Regulations (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 Health Care Services, Licensing and Certification Division, MS 2600, PO Box 997413, Sacramento, CA 95899-7413, postmarked no later than the time 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.

\* \* \*

**CERTIFICATION REPORT** – This report provides a written record of the compliance review for the facility/program and the Department. This report is available for public review; reasonable care is taken not to disclose personal or confidential information. Inquiries concerning these reports may be directed to the, Department of Health Care Services, Licensing and Certification Division, MS 2600, PO Box 997413, Sacramento, CA 95899-7413.

**DEFICIENCIES** – Alcohol and/or Other Drug Program Certification Standards, Section 5000(b) (5) - Deficiencies are specific sections that are not in compliance with the Alcohol and/or Other Drug Program Certification Standards. The reviewer shall prepare a written certification report that specifies: section number and title of each standard violated, manner in which the program failed to comply with a specified standard, and the date by which each deficiency shall be corrected.

**CORRECTION OF DEFICIENCIES** – Alcohol and/or Other Drug Program Certification Standards, Section 6000(a) - The program shall submit written verification of correction for each deficiency identified in the certification report to the reviewer at the Department of Health Care Services, Licensing and Certification Division, MS 2600, PO Box 997413, Sacramento, CA 95899-7413. The written verification shall substantiate that the deficiency has been corrected and specify the date when the deficiency was corrected. The written verification shall be postmarked no later than 30 days from the date of the certification report or if mailed, 30 days from the date of the Department’s letter transmitting the report.

**FAILURE TO CORRECT DEFICIENCIES** – Alcohol and/or Other Drug Program Certification Standards, Section 6000(b) - If the program fails to correct deficiencies and notify the Department within 30 days of the date of the certification report or if mailed, within 30 days of the date of the Department’s letter transmitting the report, certification shall be suspended. The beginning date of suspension shall be the 31<sup>st</sup> day following the date of the certification report or if mailed, the 31<sup>st</sup> day of the date of the Department’s letter transmitting the report. To end the term of suspension, the program shall correct and

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. PLEASE INITIAL HERE: _____ Program/Facility Representative	PAGE: 5 of 6
--	-----------------

**DEATH INVESTIGATIVE REPORT**

PROGRAM/FACILITY ID NUMBER:	PROGRAM/FACILITY NAME:	COMPLAINT NUMBER:	INVESTIGATION
<b>REFERENCES:</b> (1) Health and Safety Code Section 11834.01 and California Code of Regulations (CCR), Title 9, Section 10502. Departmental Authority to License. (2) Health and Human Services Agency, Alcohol and/or Other Drug Program Certification Standards.			

provide the Department with written verification that all deficiencies have been corrected. The reinstatement date of the certification shall be the date the written verification of correction is received and accepted by the Department.

Alcohol and/or Other Drug Program Certification Standards, Section 6000(c) – The Department shall revoke the program certification if the program fails to correct the deficiencies and notify the Department within 90 days of the date of the Department’s letter transmitting the report. The revocation shall be effective on the 91<sup>st</sup> day following the date of the Department’s letter transmitting the report. To become recertified, the program must apply as an applicant for initial certification and demonstrate that it meets all of the requirements of these standards.

**APPEAL OF CERTIFICATION DECISION** – Alcohol and/or Other Drug Program Certification Standards, Section 7020 - Denial, suspension, or revocation of certification may be appealed by the program to the Department. Appeals shall be submitted in writing within 30 days of the date that the Department postmarked written notification to the program of the denial, suspension, or revocation. All appeals shall be directed to the Manager, Program Compliance Branch, Department of Health Care Services, Licensing and Certification Division, MS 2600, PO Box 997413, Sacramento, CA 95899-7413.

**APPEAL REVIEW** – Alcohol and/or Other Drug Program Certification Standards, Section 7020 - Appeals shall clearly identify the certification action being appealed, the reason for appeal and the relief sought. The Department shall have the sole authority for rendering a determination on the appeal. The Department’s response to the appeal shall be in writing. The Department shall respond to an appeal request within 15 working days of the date that the Department receives the written request for appeal.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. PLEASE INITIAL HERE: _____ <p style="text-align: right;"><b>Program/Facility Representative</b></p>	PAGE: 6 of 6
---	-----------------