

PROGRAM INVESTIGATIVE REPORT

PROGRAM/FACILITY ID NUMBER:	PROGRAM/FACILITY NAME:	COMPLAINT NUMBER:	INVESTIGATION
REFERENCES: (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:
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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"/> DUI <input type="checkbox"/> AOD LICENSED <input type="checkbox"/> DMC CERTIFIED <input type="checkbox"/> ADOLESCENT <input type="checkbox"/> PERINATAL <input type="checkbox"/> AOD CERTIFIED <input type="checkbox"/> COUNTY OPERATED <input type="checkbox"/> CDCR AFTER CARE PROGRAM
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THE FOLLOWING NOTICE OF DEFICIENCY IS BEING ISSUED AS A RESULT OF THE INVESTIGATION.

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.

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.	

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INVESTIGATIVE SUMMARY

Complaint Analyst(s) _____ made an unannounced complaint visit to the above address on _____ to investigate complaint number(s) _____; also present during the course of the investigation (was/were) _____.

<p>THE FOLLOWING CLASS A DEFICIENCY WAS SUBSTANTIATED DURING THE COURSE OF THE INVESTIGATION:</p>
<p>REGULATORY REQUIREMENT(S): California Code of Regulations, Title 9, Section 10572(f)</p>
<p>The above section states, "Licit medications which are permitted by the licensee shall be controlled as specified by the licensee's written goals, objectives and procedures. Licit medications which have any depressive, stimulative, or any other psychoactive characteristic shall not be used by any resident, staff, volunteer, or other person, and shall not be kept on the premises, except when the medication is prescribed by an individual authorized to do so pursuant to Section 4036, chapter 9, division 2 of the Business and Professions Code, and who has full knowledge that the medication is to be used by a person affiliated with an alcoholism or drug abuse recovery or treatment facility."</p>
<p>SUMMARY:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>NOTE: Due to the imminent danger to residents, this Class A deficiency must be abated or eliminated immediately upon receipt of the notice of deficiency by the licensee or his/her designee of the facility. Any other deficiency(ies) found during this investigation shall be noted on a Notice of Deficiency and will be mailed to the licensee.</p>

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

Class A Penalty: An immediate civil penalty of \$50 is assessed against the licensee upon discovery of the Class A deficiency described above. This civil penalty will continue to accrue until the licensee submits to the Department, written verification that the deficiency is corrected. The date of submission by the licensee of the written verification of correction shall be the date that it is **postmarked**. The maximum daily civil penalty for all deficiencies shall not exceed \$150 per day.

Written Notification to Department: The licensee shall submit written verification of correction for the deficiency 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 has been corrected and specify the date when the deficiency was corrected. If the licensee cannot correct the deficiency 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; 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.

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

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 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 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 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. 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 31st 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 Health Care Services, Licensing and Certification Division, MS 2600, PO Box 997413, Sacramento, CA 95899-7413, 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.

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