

SECTION 1424 NOTICE

CITATION NUMBER: 15-1284-0009503-S

Date: Time: _____

YOU ARE HEREBY FOUND IN VIOLATION OF APPLICABLE CALIFORNIA STATUTES AND REGULATIONS OR APPLICABLE FEDERAL STATUTES AND REGULATIONS

Type of Visit :
Incident/Complaint No.(s) : CA00314599

Licensee Name: State of CA Dept of Developmental Services
 Address: 1600 9TH STREET, RM 340 SACRAMENTO, CA 95814
 License Number: 150000089 Type of Ownership: State Agency

Facility Name: SONOMA DEVELOPMENTAL CENTER D/P ICFDD
 Address: 15000 Arnold Drive Glen Ellen, CA 95442
 Telephone:
 Facility Type: Intermediate Care Facility/Developmentally Disabled Capacity: 753
 Facility ID: 150000230

| SECTIONS VIOLATED | CLASS AND NATURE OF VIOLATIONS | PENALTY ASSESSMENT \$10,000.00 | DEADLINE FOR COMPLIANCE |
|-------------------|---|-----------------------------------|-------------------------|
| 76525(a)(20) | <p>CLASS A CITATION -- PATIENT RIGHTS</p> <p>Title 22 DIV 5 ART4 76525 (a) (20) CLIENTS' RIGHTS</p> <p>76525 (a) Each client has the rights listed in (a) of this section which shall not be denied or withheld except as provided in (c) of this section. Each facility shall establish and implement written policies and procedures to ensure that each client admitted is afforded the following rights:</p> <p>(20) To be free from harm, including unnecessary physical restraint or isolation, excessive medication, abuse or neglect.</p> <p>The facility failed to comply with the above regulations by failing to ensure that facility staff used appropriate interventions [REDACTED] with sufficient safeguards and supervision to ensure that the safety, welfare and civil and human rights of clients were adequately protected. [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> | | |

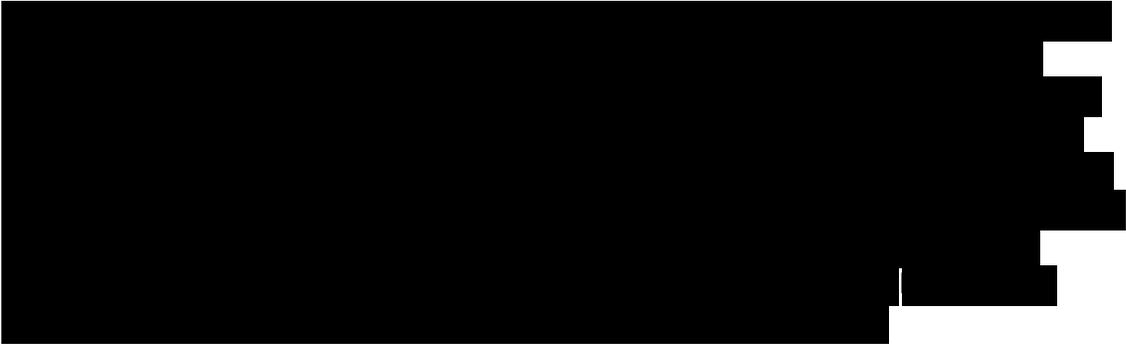
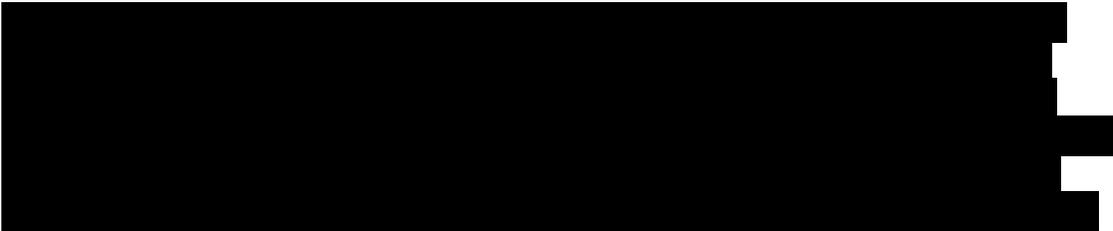
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| Name of Evaluator: Linda Lucey HFEN Evaluator Signature : _____ | Without admitting guilt, I hereby acknowledge receipt of this SECTION 1424 NOTICE Signature : _____ Name : _____ Title : _____ |
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NOTE: IN ACCORDANCE WITH CALIFORNIA HEALTH AND SAFETY CODE, FAILURE TO CORRECT VIOLATIONS IS GROUNDS FOR SUSPENSION OR REVOCATION OF YOUR LICENSE

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| |  <p data-bbox="329 1640 1442 1711">Review of the facility document, on 6/13/12, entitled, "Self Defense and Management of Assaultive Behavior," dated July 2010, indicated, "There are no one-person escort</p> |

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| | <p>techniques. AT LEAST two staff members are required to safely transport an individual from one place to another." The document indicated that one person physical containment was prohibited as of January 1, 2010.</p> <p>Therefore, the facility failed to comply with the above regulations by failing to ensure that staff used interventions [REDACTED] with sufficient safeguards and supervision to ensure that the safety, welfare and civil and human rights of clients were adequately protected. [REDACTED]</p> <p>These violations presented either imminent danger that death or serious harm would result or a substantial probability that death or serious physical harm would result.</p> |

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