



## Helping People with Developmental Disabilities Reach Their Maximum Potential

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December 19, 2018

**VALLEY MOUNTAIN REGIONAL CENTER**  
**CONSUMER SERVICES COMMITTEE MEETING**  
**702 N. Aurora St., Stockton 95202, Cohen Board Room**  
**DIAL-IN NUMBER : 1-866-299-7945 - CONFERENCE PASSCODE 7793177#**  
**January 7, 2019, 4:00 p.m.**

### **AGENDA**

- D** 1.0 Public Comment – 5 minutes
- A** 2.0 Review of Minutes (November 13, 2018)
- I** 3.0 Clinical
- I** 4.0 Resource Development
- I** 5.0 Quality Assurance
  - 5.1 Alerts
- I** 6.0 Case Management
  - 6.1 Reports:
    - Caseload Ratio - handout
    - Transfer Reports - attached
    - POS Exceptions - attached
    - SIR - attached
    - Fair Hearing - attached
  - 6.2 Case Management Update
- I** 7.0 Transportation
- I** 8.0 Next Meeting March 11, 2019, 4:00 p.m. - VMRC Cohen Board Room

**Note to Committee Members: If you cannot make this meeting, please contact Cindy Strawderman at (209) 955-3256 as far in advance of the meeting as possible.**

**A=ACTION      D= DISCUSSION      E= EDUCATION      F= FOLLOW-UP      I = INFORMATION**

**Consumer Services Board Committee Members:**

- |                             |  |
|-----------------------------|--|
| ➤ Christine Varela - Chair  | ➤ Nadia Robinson                                 |
| ➤ Dena Pfeifer – Vice Chair | ➤ Marianna Sanfilippo                            |
| ➤ Robert Balderama          | ➤ Daime Hoornaert, CLASP                         |
| ➤ Linda Collins             | ➤ Cindy Mix, Director of Case Management Service |
| ➤ Mohamed Rashid            |  |

**VALLEY MOUNTAIN REGIONAL CENTER  
MINUTES OF CONSUMER SERVICES COMMITTEE MEETING  
Tuesday, November 13, 2018**

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**PRESENT:** Dena Pfeifer, Lori Smith her facilitator, Daime Hoornaert, Robert Balderama, Angela Lewis his facilitator, Dena Hernandez, Lisa Culley, Brian Bennett, Patricia Green, Nicole Weiss, Cindy Mix, Wilma Murray, Mary Sheehan, Tony Anderson, Mo Rashid by phone.

**ABSENT:** Chris Varela, Nadia Robinson, Linda Collins

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Dena Pfeifer, in place of Chairperson Chris Varela, called the meeting to order at 4:14 p.m.

**1.0 PUBLIC COMMENT**

Dena Hernandez, Regional Manager- SCDD North Valley Hills shared the following:

- Congratulations to the VMRC Program Manager- Wanda Farinelli-Mikita and her fellow TBODS (The Brighterside of Down Syndrome) planning team for putting on a wonderful conference on November 2, 2018. The 4<sup>th</sup> Annual Strategies for Educating Children with Down Syndrome. I was the emcee and it was a pleasure to see so many VMRC service coordinators in attendance! Dr. Robert Villa from San Diego was energizing and funny as well as informative. It was a really exceptional day!
- CHOICES Conference has a THEME- Wheel of CHOICES. There will be a t-shirt and video contest. Dena brought the information.
- Fellowship Opportunity from SARTAC- application and information shared with the committee.
- SAC6 CHATTER newsletter
- Statewide Self Advocacy Network- newsletters
- SCDD North Valley Hills is still looking for Regional Advisory Committee members from Tuolumne County- self advocates and family advocates. Info sheet shared.

**2.0 REVIEW OF MINUTES**

**M/S/C (There were no oppositions with members present): Approve the minutes of September 10, 2018 as written.**

**3.0 CLINICAL**

Mary Sheehan shared that we have hired another Clinical psychologist. Justin Schrottenboer. He is located in our Stockton office. He has just finished his PHD and Barbara will be providing his supervision. He will be doing some testing and will be helping a lot with eligibility reviews. He has been assisting with quite a few projects.

Mary has been spending a lot of her time with Early Start staff and managers as we have been presented with a large volume of children referrals and lacking vendors. So we are working on vendorizing new providers and increasing our capacity.

We are still waiting to hear from DDS to see if we are going to be receiving a Dental provides with CRD funds. Mary has been working with Bud to get this contract position as a RFP. There is a lot happening in Dental in our counties. There is a big meeting this week. Earlier this month Tony and I went to the Oral health advisory council in Stanislaus County.

#### 4.0 **RESOURCE DEVELOPMENT**

Brian Bennett apologized that the list that was provided with the packet, was incorrect and has vendors that are no longer in development. Brian will provide Cindy Strawderman with a new updated list. If there are any questions let Brian know. They have modified the process for this.

#### 5.0 **QUALITY ASSURANCE**

5.1 **Alerts**: Patricia provided an updated list of the alerts that have been assigned since the handout packet was made. 62 over the last two months. 23 have been closed and the remainder is in process. We had a spike in alerts due to Staff qualifications.

#### 6.0 **CASE MANAGEMENT**

- Cindy handed out the caseload ratios. We have increased by 2. Any questions about this report? We had to send in a plan of correction to DDS because of this.
- She also handed out the SIR cumulative report. Cindy is hoping that this will report would suffice the necessity for the SIR narrative report as it is very time consuming for staff to redact confidential information in those narratives. If you feel it is absolutely important to provide that information please let Cindy know. We can discuss at the next meeting.
- Staff changes—Tracy Vaughn is now a Program Manager of a children's unit in Stockton. Wanda Farinelli-Mikita has resigned; her last day will be next Tuesday. Interviews will be taking place for her replacement soon.
- Self-Determination program. DDS identified participants on Oct. 1<sup>st</sup>. Orientations will take place starting in January. Infrastructure being developed by various committees. Elizabeth Diaz has been identified as the Program Manager for VMRC's program and two SCs have been identified—David Narbona-Modesto and Tania Candelaria – Stockton.
- Person-Centered Thinking Training—completing internal trainings. Will begin trainings for vendors and families effective January, 2019. We will start in Modesto in January

(all odd months), rotating with Stockton (even months). Minimum of 12 in attendance for training. All teams are developing a one-page profile. They will be placed on our insideXchange as well as the VMRC website.

- Website development—Photo shoots will be taking place on 11/27 at VMRC and 12/10 at the Board Meeting.
- Mobility Project—programmer testing is occurring now and the system will be rolled out early next year. What this means to consumers: SC will have a Surface with them during IPP meetings. The document can be developed in your presence and can be electronically signed. We will be creating storage for documents that you can choose to obtain from a list.
- Vendor Portal is available now. 195 vendors are signed up and using. Vendors can obtain their authorization numbers using the portal, rather than hard copies.
- Resource Development staff will be informing qualified vendors and monitoring the PATCH increase based on minimum wage process as it rolls out.
- The Cultural Connection Fair was held at the VMRC Modesto site on Saturday, October 13<sup>th</sup>, 10am to 3pm. There were about 900 people in attendance. It was considered a huge success.
- POS Disparity Grant—VMRC proposed \$634,000 in grant money for the following: Community Outreach, Cultural Connection Computer Center, MultiCultural Team, Cultural Integration Consultant, and Cultural Awareness. We should receive word of grant approvals by the end of November.
- Our new union contract is in place effective 11/01/18. Bi-lingual staff will now be paid a differential. Will begin testing of bi-lingual staff within the month.
- November is Homeless Awareness Month. Dave Vodden is heading up a Blanket Drive.
- ARCA –Building a System for Tomorrow. We can send a copy to you if you like. It's a follow up to their previous paper On the Brink of Collapse.
- Pepsi is donating turkey dinners for our neediest consumers. Families being identified.

## 7.0 TRANSPORTATION

Wilma shared that she had a few things for us. Stanislaus Regional transportation is raising their fares. The transfers are no longer free (must pay for transfer or use a ticket) so we will have to give folks additional tickets. They used to have a youth/college discount ticket that they are doing away with. There are a few issues with START in Stanislaus.

RTD is doing some good things here in San Joaquin County. They are adding a new route from Mountain House. Connects with the Tracy transfer then ACE.

A new pilot – RTD Van Go! An extension of service with Uber. A bit harder for our consumers to utilize because an app is required. Wilma is talking with them on this.

San Joaquin has also started an advisory committee – a new agency that oversees ADA services for the entire area, handled thru one agency. There is a new discount card that she is waiting for confirmation.

On the contract side – Stanislaus area – there are many impacted by Storer – there is a new vendor coming in and they are working on providing services possibly December 1<sup>st</sup>.

The foothills are fairly quiet. No changes there.

Employment update – The Complete Employment incentive Payments & Intern program. We are low in Incentive Payments, we have 66 payments paid out for the CIU program \$78,000 that has been out. This is a special program for people placing people into jobs. So far we are already at 10 and make our numbers. Our internship program – one is vendored and we have 2 of 5 have full time jobs. We just added 3 more vendors with paid internship programs. UCP Stanislaus, ARC Amador/Calaveras & ARC San Joaquin.

#### 7.0 **NEXT MEETING**

There was still confusion on when meetings for this group to occur. **Due to scheduling conflicts, our next meeting will be held January 7, 2019, 4:00 p.m., Stockton VMRC office, Cohen Board Room.**

The meeting was adjourned at 4:53 p.m.

Recorder: Cindy Strawderman

Consumer File Transfer Status - To and From VMRC

2014			
Files Received	Files sent out		
January	39 January	28	
February	25 February	12	
March	24 March	14	
April	28 April	21	
May	30 May	24	
June	21 June	16	
July	36 July	35	
August	28 August	26	
September	32 September	28	
October	29 October	24	
November	22 November	17	
December	25 December	31	
<b>total for 2014</b>	<b>339 Total for 2014</b>	<b>276</b>	

2015			
Files Received	Files sent out		
January	12 January	14	
February	25 February	12	
March	47 March	16	
April	34 April	16	
May	35 May	18	
June	24 June	22	
July	20 July	37	
August	37 August	29	
September	46 September	15	
October	43 October	25	
November	30 November	26	
December	16 December	18	
<b>total for 2015</b>	<b>369 Total for 2015</b>	<b>248</b>	

2016			
Files Received	Files sent out		
January	39 January	26	
February	34 February	21	
March	19 March	25	
April	31 April	19	
May	35 May	23	
June	30 June	14	
July	37 July	32	
August	31 August	8	
September	31 September	52	
October	25 October	25	
November	49 November	15	
December	31 December	32	
<b>total for 2016</b>	<b>392 Total for 2016</b>	<b>292</b>	

2017			
Files Received	Files sent out		
January	23 January	31	
February	41 February	19	
March	38 March	25	
April	33 April	14	
May	53 May	31	
June	21 June	21	
July	41 July	12	
August	41 August	28	
September	40 September	29	
October	53 October	30	
November	52 November	57	
December	41 December	19	
<b>total for 2017</b>	<b>477 Total for 2017</b>	<b>316</b>	

2018			
Files Received	Files sent out		
January	53 January	37	
February	33 February	20	
March	28 March	24	
April	36 April	31	
May	32 May	32	
June	39 June	28	
July	39 July	23	
August	51 August	35	
September	41 September	22	
October	43 October	23	
November	36 November	30	
December	25 December	11	
<b>total for 2018</b>	<b>456 Total for 2018</b>	<b>316</b>	

2019			
Files Received	Files sent out		
January	January		
February	February		
March	March		
April	April		
May	May		
June	June		
July	July		
August	August		
September	September		
October	October		
November	November		
December	December		
<b>total for 2019</b>	<b>0 Total for 2019</b>	<b>0</b>	

SIR Statistics  
Nov 16 - Dec 16 2018

16 Nov to 15 Dec 2018 Incident Report Count: 59

Special Incident Types	Count	Percent
MEDICATION ERROR-VND CARE	11	16.9%
HOSPITAL/INTRNL INFECT-VND CARE	9	13.8%
HOSPITAL/RESP ILLNESS-VND CARE	8	12.3%
DEATH	7	10.8%
EMERGENCY ROOM VISIT	5	7.7%
HOSPITAL/CARDIAC-VND CARE	4	6.2%
HOSPITAL/INVOL PSYCH ADM-VND CARE	3	4.6%
LACERATIONS-SUTURES/STAPLES-VND CR	2	3.1%
HOSPITAL/DUE TO SEIZURE-VND CARE	2	3.1%
FRACTURES-VND CARE	2	3.1%
FAIL TO PROV CARE-ELDER/ADULT-VND	1	1.5%
MEDICATION REACTIONS-VND CARE	1	1.5%
LAW ENFORCEMENT INVOLVEMENT	1	1.5%
ALLGD PHYS/CHEM RESTRAINT-VND CARE	1	1.5%
INTERNAL BLEEDING-VND CARE	1	1.5%
BITES BREAK SKIN/REQ TRMT-VND CARE	1	1.5%
LARCENY	1	1.5%
ALLEGED PHYSICAL ABUSE	1	1.5%
FAIL TO PROV MEDICAL CARE-VND CARE	1	1.5%
ALLEGED PHYSICAL ABUSE-VND CARE	1	1.5%
AGGRAVATED ASSAULT	1	1.5%
FAIL TO ASST W/PERS HYG-VND CARE	1	1.5%
Grand Total	65	

Index	SRLDTE	Incident Description	Follow up	Outcome
1	20181127	#N/A On 11/17 at noon, **** was transported to Dameron hospital for evaluation and treatment. **** pointed to abdomen and stated to RSP "I am hot, I don't feel good." **** didn't have appetite. RSP assisted to eat but she was nauseated. **** would most likely be admitted RSP reported.	**** will - Communicate with RSP when she is feeling ill or experiencing pain. **** administrator and direct staff will follow all physician's dis****arged notes. **** Guest home Administrator & Direct care staff will - Report all illness / injuries to SC and family/Conservator in a timely manner. Assist **** with understanding and	11/24/18 - Routing SIR to PM for review and distribution to SC requesting Death Certificate. Copy to CRA, CSL, **** and ****. SS/dm
2	20181117	On November 20th 2018 at approximately 3pm **** was at the local target when he saw someone leaving with his bike. **** stated that his bike and wallet were stolen. **** stated that he left his wallet with his bike. **** came home around 4pm with a bike lock, a bag of candy and a brand new bike kickstand that he says his girlfriend put****ased for him. **** reported the bike being stolen to target security and filed a	SC to request police report	11/28/18 - Routing SIR to PM for review and distribution to SC requesting police report. SS/dm
3	20181120	After staff finished assisting **** with shaving **** pointed to his foot and said "ou****". Staff noticed that ****'s foot was swollen and his toes looked bruised. **** did not express that he was in pain when staff asked. Staff decided to take **** to Urgent care for a professional examination, after x-rays of his ankle and foot. It was determined that **** had a Fracture on the bottom side of his r foot his doctor		11/28/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records. Copy to CSL, **** requesting Investigative Outcome. Copy to CRA, SS/dc
4	20181117	Consumer dialed 911 told them he will be going to Sacramento to kill his sister. police sent out the San Joaquin County Sheriff's to pick up consumer. Consumer was taken to	continue to provide positive support. Behavioral consultant will be informed.	12/4/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - Pay**** Records. SS/dm
5	20181129	On 11/18/2018, consumer was ta**** to Mark Twain St. Joseph's ER due to vomiting, diarrhea, and abnormal breathing. While at Mark Twain, he received testing and treatment for a possible stroke and was intubated. It was determined that he should be air lifted to Doctor's Hospital in Modesto for further evaluation and treatment. He was diagnosed with respiratory distress, respiration pneumonia, and sepsis w/ septic	**** staff held a meeting to refresh protocol regarding steps to follow when a consumer's health and behavior. ****anges from baseline. SC will remain in communication with the hospital and care provider to ensure consumer's needs are met while in the hospital and upon return home.	11/28/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****. SS/dm
6	20181118	On Monday 11/26/18 **** was ta**** to Sutter Tracy Hospital to get ****est x-rays and fell while the 1e****n****ian was performing the ****est x-rays. He sustained a large bruise on the back of his head. He was examined by the ER Physician, Dr. ****, with CT scan and x-rays of the back and lower spine. **** was admitted to the	****s residential will continue to report to VMR and follow up with ****s physician. SC will request medical records as required.	11/29/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****. SS/dc
7	20181126	On 11/26/18 **** woke up late, leaving him only 20 minutes to shower, dress, eat breakfast and take meds. His transportation to program, ****, has been coming later recently and **** thought he had more time. **** came early this day and **** rushed out the door and got onto the bus without taking his morning medication. Staff tried to get the meds to **** but was unable to before the bus pulled a****. -RSP	**** care home staff will set a timer for 8:10 a.m. as a reminder that everyone should have ta****their morning medications by then. A reminder will be put on the front door regarding taking medications. Staff will take an online refresher course on medication.	11/28/18 - Routing SIR to PM for review and distribution to SC requesting Other; Has risk been mitigated? Routing copy to CSL, **** requesting Investigative Outcome. Copy to CRA and Pharmacist. SS/dc
8	20181120	On 11/18/18 ICF staff noticed that **** was having elevated temperature and pulse. He was ta**** to ER at Sutter Tracy Community Hospital for observations for acute bron****opneumonia. **** was admitted and possible dis****age on 11/19/18.	Request medical records and follow up on consumer's condition.	11/28/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****. SS/dm
9	20181118	**** skin was cool to tou****. Temp was 90 degrees F. Coughing and congestion noted and was unable to help with walking. Eyelids and ankles were puff. Was ta**** to St. Joe's ER and evaluated by Dr. Whit. Lab work, urinalysis, EKG. ****est X-Ray done. Liver tests were elevated and an ultrasound of liver and gallbladder was	PCP will monitor and SC will request med. records	11/29/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****. SS/dc
10	20181126	**** visited his sister, ****, at her home from 11/21/18 to 11/24/18 for Thanksgiving. RSP, ****, had given her all ****s medication that would be needed during this time. When **** returned **** on 11/24/18 at approximately 1:00pm, she told RSP that she had missed some of his medication doses while he was visiting. After she left, RSP realized that she had neglected to give **** medication(s) on 11/21/18 at 4pm, 11/23/18 at 1pm, 11/23/18 at 1pm, 11/23/18 at	RSP **** has revised the form she uses for residents when they leave **** for visits with family, etc. The form, "Protocol for Overnight Visits or Out of Town for day," will have all medications listed with doses and time to be given, and will be signed by the person who will be responsible for giving ****s meds correctly. RSP will discuss this revised form with VMRC's liaison and will determine whether any further action is to be ta****.	11/28/18 - Routing SIR to PM for review and distribution to SC requesting Other; Has Risk been Mitigated? Routing Copy of SIR to CSL, requesting Investigative Outcome. Copy to CRA and Pharmacist. SS/dm
11	20181121	On 11/26 at 8:30 am care home staff noted that **** was congested and crying. Her temperature was 96.5. Care home staff transported her to St. Joseph's Medical Center for assessment. Lab work, EKG, ****est xray and urinalysis testing were completed. She received IV fluids. ****est xray showed aspiration pneumonia and UTI showed infection. She was started on IV antibiotics (Zosyn and Erythromycin) and admitted to room 300. On 11/28 she was moved to CCU following an episode that may have been	SC will request dis****age sum**** and follow up with ****, her mother and care provider on any ****anges to her care needs.	11/29/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****. SS/dc
12	20181126	11/25/2018 about 730am staff called **** to take a shower and **** did not answer. Staff went to ****eck on **** and found her in front of the toilet hun****ed over. Staff asked what was wrong and **** stated that her stoma**** hurt and pointed to her pelvic area. Staff noticed that **** looked pale and called 911. **** was transported to St. Josephs Medical Center. **** was evaluated by Dr. **** and he		11/29/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****. SS/dc
13	20181125			11/29/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****. SS/dc



	On 11/26/18 at 5pm, QIDP for **** received a call from direct care staff that **** had 3 abrasions on her back at shower time. **** was able to communicate and indicate through gestures that she was pulled or dragged. **** staff member reported that she saw **** on the floor and that ****, House Manager, was pulling on her but not aware of any injuries. QIDP went to facility to speak with staff members and see ****. Staff reported that the incident occurred on 11/24 at 11am. 1 mark is on the upper back left side 2.5 in ****es in diameter, 1 on the right lower back about 1.5 in ****es, and 1 to the center of lower back 1.5 diameter. A staff member remembered that someone was calling for help. **** reported that she briefly saw **** on the floor hall**** scooting and kicking out at ****. At 6pm the Manteca Police were called to report the allegation. Officer Montanez Jr., #3879, interviewed staff and **** and looked at the injuries on her back. He spoke with **** on the phone #N/A			11/29/18 - Routing to CSL **** for review and outcome. PG/Kr ~11/29/18 - Routing SIR to PM for review and distribution to SC requesting Police Report. SS/dm 11/26/18 QIDP ****, left a voice message for CSL **** regarding incident. Risk was mitigated when staff ****, perpetrator, was placed on administrative leave while this incident is being investigated. Follow up to be continued. W. ****, CSL
14 20181124	On 11/27/18, SIS did routine medication review and weekly med set. SIS noted that **** had medication in the Friday box. SIS asked **** if she took her medications for that day. She stated that she did but that she spilled the med set for Saturday AM and did her best to refill it but could have made a mistake. **** took her medication for **** was short of breath and coughing and her skin color was blue. She was transported to St. Joseph's Medical Center. She vomited in the Emergency Department. Her BP was 147/79 P 98 respiration 20 temp was 97.3 and O2 saturation was 98%. Labs and **** xray was done. Lab results WBC 7 Lactic Acid 5.9 CRP 11/22/18 at about 7pm, **** had a seizure that lasted for 10 sec. Oxygen @ 80% and oxygen provided. 911 called and **** was taken to St. Joseph's ER for further	SIS called PCP. PCP requested the **** have blood pressure **** checked at her wound care appointment that day. If BP was in healthy range, medication could be taken as prescribed. BP was 119/69. This is an average range for ****. No medication **** age needed. Medication set was refilled for the week. **** was advised to communicate	SC will follow up with ICF on consumer and staff. Request police report from Manteca PD.	
15 20181119	#N/A			
16 20181127	**** was short of breath and coughing and her skin color was blue. She was transported to St. Joseph's Medical Center. She vomited in the Emergency Department. Her BP was 147/79 P 98 respiration 20 temp was 97.3 and O2 saturation was 98%. Labs and **** xray was done. Lab results WBC 7 Lactic Acid 5.9 CRP 11/22/18 at about 7pm, **** had a seizure that lasted for 10 sec. Oxygen @ 80% and oxygen provided. 911 called and **** was taken to St. Joseph's ER for further	SC will follow up with care provider on medical recommendations. SC will request hospital dis**** age sum****		
17 20181119	On 11/28 received an SIR from care home indicating that **** had been admitted into the hospital and was now in UC **** due to Pneumonia. On 11/29/18 was contacted by the UCD social worker who expressed her concerns with pressure sores on ****'s buttocks and ankles. Per social worker, the pressure sores were immediately identified by **** age nurse upon ****'s admittance. Worker states that **** age nurse and **** nurse on shift attempted to question admin **** regarding the sores and stated that she became very defensive and was rude with them. Worker stated that **** told **** age nurse that the sores had to have happened while in the hospital. Nurse informed **** that the sores were noticed upon his arrival and would not have been able to develop so quickly. Worker also noted that **** was very resistive towards nurses and would not provide them additional information. SC asked social worker for additional information regarding the stage of the sore and an approximate	SC will follow up with care provider on medical recommendations. SC will request hospital dis**** age sum****		
18 20181122	On 11/28 received an SIR from care home indicating that **** had been admitted into the hospital and was now in UC **** due to Pneumonia. On 11/29/18 was contacted by the UCD social worker who expressed her concerns with pressure sores on ****'s buttocks and ankles. Per social worker, the pressure sores were immediately identified by **** age nurse upon ****'s admittance. Worker states that **** age nurse and **** nurse on shift attempted to question admin **** regarding the sores and stated that she became very defensive and was rude with them. Worker stated that **** told **** age nurse that the sores had to have happened while in the hospital. Nurse informed **** that the sores were noticed upon his arrival and would not have been able to develop so quickly. Worker also noted that **** was very resistive towards nurses and would not provide them additional information. SC asked social worker for additional information regarding the stage of the sore and an approximate	SC will follow up with care provider on medical recommendations. SC will request hospital dis**** age sum****		
19 20181129	On 11/27/2018, at approximately 11:30pm, administrator found **** in his bedroom on his knees with his upper body on the bed, appeared to be trying to get onto the bed. Admin inquired if **** was okay and **** stated he was fine, "Just can't get up". **** received minimal assistance from staff and he got into his bed. On 11/28/2018, at approximately 6:00am, staff entered ****'s room to prompt him to get ready for the day. **** was observed lying on the floor in the prone position near his bed. When asked if he was ok, he stated again that he was fine, "Just can't get up". **** was **** ecked for any signs of injury. **** was observed to only have some redness on his right ****. **** denied being in any pain. **** had to be assisted in getting up from the floor to sit on his bed. **** was observed not using his legs while being assisted. **** was eventually guided to lay back down on his bed as he required assistance with sitting on the edge of his bed. **** appeared to be alert and communicative but did not move his legs; however did indicate at one point that his legs were asleep. Staff called 911 and **** was transported to Doctors Hospital of Manteca to be assessed. CT head was ordered and completed. Results came back	SC has filed and alert so that incident could be looked into further.		
20 20181124	Consumer passed a **** on 11/24/18 at **** SNF in San Andreas.	Death certificate will be requested.		
21 20181128	SIS went to **** home on 11/18/18 to do medication review. **** reported that he had not had medication for 2 days. He stated that medication should have been delivered on 11/16 but he hoped it was coming on 11/16/18. SIS assisted with looking in apartment to see if it was misplaced and called RX Express to see when next set of received a call from **** on 11/28/18 informing me that she went out to ****'s home to talk with her and her family regarding an incident that took place on 11/7 in which **** physically assaulted both her mother and elderly grandfather. **** stated that within just a few minutes of being at the residence, **** became agitated/upset and ended up physically assaulting ****. Tracy PD was called out to the home and a police report was taken (18-8608). **** mentioned that she was going to press **** charges but decided against it as she can tell that **** needs mental health help and that going to jail would not be a safe environment for her and the hospital's release her as she does not end up meeting the eligibility criteria to be put	To be determined dependent on findings.		
22 20181118	SIS went to **** home on 11/18/18 to do medication review. **** reported that he had not had medication for 2 days. He stated that medication should have been delivered on 11/16 but he hoped it was coming on 11/16/18. SIS assisted with looking in apartment to see if it was misplaced and called RX Express to see when next set of received a call from **** on 11/28/18 informing me that she went out to ****'s home to talk with her and her family regarding an incident that took place on 11/7 in which **** physically assaulted both her mother and elderly grandfather. **** stated that within just a few minutes of being at the residence, **** became agitated/upset and ended up physically assaulting ****. Tracy PD was called out to the home and a police report was taken (18-8608). **** mentioned that she was going to press **** charges but decided against it as she can tell that **** needs mental health help and that going to jail would not be a safe environment for her and the hospital's release her as she does not end up meeting the eligibility criteria to be put	SIS assisted **** with calling pharmacy and PCP. Both instructed **** to start taking medication as instructed and did not have concern about medication being missed. SIS reminded **** that if he runs low on medication he should call SIS before he runs out.		
23 20181121	hospitalist release her as she does not end up meeting the eligibility criteria to be put	An I **** meeting will be s****ed ASAP with **** from APS attending and I'll monitor and follow up as needed.		

	**** was not given her iron deficiency tablet whi**** is a prescribed medication. There were no medical follow up necessary. Parents were notified as well as the doctor who prescribed the medication to ****. Regional center was notified as well.		11/26/18 - Routing SIR to CSI requesting Investigative Outcome. Copy to CRA and Pharmacist. SS/dc
24	20181117 11/23/18 **** had a episode of seizure at about 2:15pm. O2 saturation level 97% and resident was stable at this time. At about 6:16pm **** started having difficulty breathing. 911 was called and **** was sent to St. Joseph's Medical Center. **** is admitted to St. Joseph's for further treatment and evaluation. Will follow up with the ****'s psy****iatrist. Dr. **** was contacted. He determined that that no follow up was needed. The administrator spoke with mom about the incident and the social worker spoke with SC **** about the incident to help facilitate further communication. Staff will assist with following up with consumers pri**** care physician after he is dis****arged.	There was no medical follow up needed after the incident.	11/28/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****. SS/dm
25	20181123 On 11.18.18 **** returned to **** facility from his family visit at 8:00pm. When the medication was passed from ****'s mom to the staff (****), they realized that **** had not been given his dose of Amoxicillin 250mg for 8pm, 7am or 3pm while he was Staff observed **** on the floor kicking the door and noticed that his g-tube had been removed. He was ta**** to the E.R. and his g-tube was replaced, however he was	**** is admitted to St. Joseph's for further treatment and evaluation. Will follow up with the ****'s psy****iatrist. Dr. **** was contacted. He determined that that no follow up was needed. The administrator spoke with mom about the incident and the social worker spoke with SC **** about the incident to help facilitate further communication. Staff will assist with following up with consumers pri**** care physician after he is dis****arged.	11/28/18 - Routing SIR to CSI/**** requesting Investigative Outcome. Copy to CRA and Pharmacist. SS/dm
26	20181118 Staff observed **** on the floor kicking the door and noticed that his g-tube had been removed. He was ta**** to the E.R. and his g-tube was replaced, however he was	**** is admitted to St. Joseph's for further treatment and evaluation. Will follow up with the ****'s psy****iatrist. Dr. **** was contacted. He determined that that no follow up was needed. The administrator spoke with mom about the incident and the social worker spoke with SC **** about the incident to help facilitate further communication. Staff will assist with following up with consumers pri**** care physician after he is dis****arged.	11/28/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****. SS/dm
27	20181127 On 11/27/18, SC was contacted by Doctors Behavioral Health Center's case worker, ****. She stated DBHC is planning to dis****arge **** but he reported that he is living independently with family but no one could get ahold of family to pick **** up. SC explained to **** that **** lives at **** Residential but he ****oes to stay out in the community for multiple nights at a time with no contact because he turns off his phone. SC explained to **** that this makes it difficult to talk to **** because he ****oes to stay independent and refuses assistance with medical care and follow ups. SC explained to **** that SC could contact and have administrator pick **** up to take him home. **** reported **** voluntarily self admitted himself at Doctors Hospital on 11/22/18. Doctors Hospital completed an assessment and **** was ta**** to DBHC under a 51/50. SC spoke with **** at DBHC on 11/27/18 and he stated he ****ed to go back to **** Residential. SC confirmed that if **** picked him up if he was willing to comply with any follow up needed as well as medication, **** stated SSC arrived at care home for placement of new consumer ****. **** picked up a medication capsule and brought to SSC and administrator. Administrator asked staff and they were able to identify it as ****'s evening medication. New staff was not aware that capsules should be opened and mixed with food as RX by doctor.	**** Residential to assist **** with all follow up appointments to review medication's **** was prescribed after his dis****arge. **** will be encouraged to continue to communicate his feelings during times of stress. SC and RSP will continue to stay in close contact if **** continues to stay out multiple days at a time with no contact with ****. **** understands that she can provide a 30 day notice to **** because she is ok with the current living situation.	11/29/18 - Routing SIR to PM for review and distribution to SC requesting Other; Has risk been mitigated? Routing copy of SIR to CSI, **** requesting Investigative Outcome. Copy to CRA and Pharmacist. SS/dc
29	20181120 On 12/1/18 at 11:13AM staff informed Licensee/Administrator **** that the lump on ****'s right hip, whi**** Dr. **** diagnosed at Lipoma on 11/19/18, was observed to have a dry boil, but no drainage exiting out. The skin was observed to be red, warm, and soft to tou****. Dr. **** was contacted immediately and **** was instructed to take **** to the Emergency room as the lump looks bigger and may need to be drained. **** was transported to St. Joseph's Medical Hospital Emergency Room. Vitals were ta**** and an ultrasound was performed whi**** showed filled with fluid. At 6:15PM, after receiving conservators authorization for medical treatment, Dr. **** prepared ****'s right hip for anesthesia injection. The site was cut open, drained, and suctioned. Per Dr. **** the boil was most likely a hematoma whi**** ruptured and became infected, but had a superficial infection. ****'s received sutured whi**** will be removed after 10 days. **** was also prescribed Bactrim Antibiotic two times daily and advised a skin barrier to protect site from urine or feces. During this visit, **** was		11/29/18 - Routing SIR to PM for review and distribution to SC requesting Other; Has risk been mitigated? Routing copy of SIR to CSI, **** requesting Investigative Outcome. Copy to CRA and Pharmacist. SS/dc
30	20181201 **** moved into **** as a possible placement but definite respite on 11/23/2018. He had been in Modesto Doctors Hospital Behavioral Health Hospital. He has an obvious mental illness and was seen by Dr. **** at VMRC on an emergency basis on 11/26/18 for possible treatment for psychiatric issue. It was felt that he probably had s****izophrenia and possibly Autism. Little history is known on **** as he has no had Regional Center services since he was 8 years old. While at Doctors Hospital on 11/17-11/19/18 he has received both Haldol 5 mg IV as well as Zyprexa IV. Dr. **** decided to start him on Haldol 5 mg po bid. This was started on 11/29/18 at bedtime. He had a second dose on 11/30 at 7 AM. Around 10:15 AM he started vomiting and gagging. Care home staff contacted administrator, ****. RSP, **** went over to check on **** about 11 AM. He was examined and appeared to be having "an unusual reaction to the Haldol". **** had staff call 9-1-1 while she monitored him. When the medics arrived, **** met them outside and described the situation. They asked if his tongue was swollen. It may have been, but it was definitely curled sticking out of this mouth. They felt he had a classic Haldol reaction. He had an IV started and was given benadryl in the ambulance. He was transported to Lodi Memorial Hospital and was sleeping by	Discontinue Haldol. Follow up with Dr. **** on 12/3/108 for possible medication substitution for the s****izophrenia treatment. RN supervision first 12 hours at home due to recurrent dystonia. -SC completed follow up SIR. SC will request all medical records from previous medical provider to gain knowledge of **** medical history.	12/4/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - ER Records. SS/dm
31	20181130 **** arrived at residence of **** approximately 2:20pm. ****'s **** mother asked for her to wait for ambulance to come for ****. When ambulance arrived at about 2:30pm, **** needed to be rushed to hospital. **** mother had to ride in ambulance and did not have any family or friends that could watch the three other minor children in the home so **** stayed with them until **** mother and ****	ordered ER records to follow up **** will speak to DP staff about preventative actions that can be ta**** to prevent future incidents.	12/5/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****. Police Report, and other;
32	20181203 **** staff alerted **** that **** was bitten on her right ****eek and right side of her neck. The bites did break the skin and 911 was called. **** was transported to		
33	20181203 **** staff alerted **** that **** was bitten on her right ****eek and right side of her neck. The bites did break the skin and 911 was called. **** was transported to		

	**** reported that **** father of her son pushed her into the bath tub causing her to hurt her ankle. **** said he hurt her. She went to DMC and was given a brace for her ankle and crutches as well as pain medication. **** said incident was reported to Police officer B**** Dow and **** was arrested and in jail for 3 days. He	SC reported and completed APS report. SC notified SIS agency ALC and **** meeting is **** scheduled for 12/6/18. SC will follow up with APS on status of case. SC has offered alternative placement options but she ****s to stay in her home and ****s him to leave.	12/12/18 - Routing SIR to PM for review and distribution to SC requesting police report. Routing copy of SIR to CSL. ****, requesting Investigative Outcome. ss/dm
34 20181217	On 11/30/18, SC received a call from ****, Mr. ****. He stated that for homework he has the students take a shower once a day, **** has been coming to **** school smelling and told her tea****er that she is only allowed to shower at the care home once a week. SC left a message with care home to inquire how often does **** shower a week and if she refuses, care home stated that **** showers every other day and needs lots of prompts to wash her hair. The smell could be from her breath. She	SIR contacted liaison.	
35 20181130	On 12-4-18 **** had an appointment to see Doctor **** and could not catch his breath while walking from the parking lot to the entrance of Mental Health. SIS notified Nurse **** at Mental Health and asked her if we can reschedule ****s appointment because he was displaying difficulty breathing and needed to be taken to the emergency room to be ****ed out for his symptoms. Upon looking at **** and taking vital nurse **** called an ambulance. ****s was picked up and taken to on 12/4/18 ****s husband called **** office to report that **** had gone to SI	**** will continue to remind ****s to drink plenty of water and monitor ****s for further signs of distress	12/11/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****. SS/dm
36 20181204	County hospital the night before and was admitted. **** went to the hospital and was informed by the nurse that **** has ta**** a cab to the hospital the night before because her heart was racing. She was admitted for observation and treatment for rapid heart rate. She was given and 18 hr drip through IV and would be released	**** will assist **** in following up with cardiologist as hospital dr advised.	12/11/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****. SS/dm
37 20181204	On 12/5/18 SIS ****s was notified that **** had been admitted to Memorial Hospital on 12/4/18. **** was experiencing vomiting, diarrhea, heart racing and breathing problems. ****s nephew, **** called 911. She was transported to Memorial for evaluation. **** completed blood work and ****ext x-rays. Dr. **** dx	SC will continue to monitor and request hospital dis****arge sum**** when ****able. SC followed up with SIS on 12/6/18. **** may be dis****arged on 12/7/18 depending on ambulation status.	12/11/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****. SS/dm
38 20181204	On Dec 5, at approx 11:45am, notified by day program staff, vomiting noted. Temp- 98.1f, no shortness of breath noted. Picked up and brought to St Joseph's Hospital ER for further evaluation. Evaluated by Dr ****, EKG, CKR, and labs done. EKG results, wnl; CKR results indicate pneumonia. Lab results, WBC-18, lactic acid-3.0. Diagnosis-	Brought to St Joseph's Hospital ER for further eval. Admitted for treatment. RSP will continue to monitor progress in health status.	12/11/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****. SS/dm
39 20181205			12/11/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****. SS/dm
40 20181205	#N/A		
41 20181206	On 12/6/18, **** appeared to be slurring his speech and not ****ng any sense. He was leaning on his left side a lot, and his left side of his face appeared a little droopy. He has a glossy, blank stare in his eye and seems to be very tired. At 10:40am, he threw up his food and Zenaida, DPS contacted RSP admin about 11:20am and said that he needed to be picked up and the admin replied that she would not be able to pick him up until about an hour. **** vomited a second time and appeared to be worse. DPS called 911 at 1:09pm and they took him to Dameron Hospital. DP Assistant Supervisor **** is very congested and having wheezing. Staff called 911 and she was taken to St. Joseph's emergency room and she was seen by Dr. **** and he ordered ****ext x-ray, CBC and EKG. **** was diagnosed with acute asthma exacerbation. Dr. **** prescribed Albuterol 90 mg aerosol, 1 puff every 4 hours as needed for wheezing and	RSP and DP will continue to monitor	12/11/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist discharge sum****. SS/dm
42 20181205	On December 6, 2018 **** was not feeling well. Staff at **** Family Care home noticed she was shaking and did not **** to ambulate. Staff called #911 for ambulance. **** was driven by ambulance to Memorial Hospital. Hospital staff did lab work and CT scan of her head. Lab work was normal and CT was normal. ****s blood pressure and temperature were low. The doctors noticed she needed platelet transfusion and VMRC after hours was notified. Memorial then admitted **** for further evaluation. They did a CT scan of her abdomen and determined she **** was not admitted. **** was sent to Dameron ER for complaints of ****est pain. **** was	Staff will continue to monitor **** for her asthma condition. If ****s condition worsens, Staff will return to St. Joseph's ER and follow-up with her PCP as needed.	
43 20181206	On 12/7/18 **** was sent to Dameron ER for complaints of ****est pain. **** was not admitted. **** returned home on the same day at 8am. She was diagnosed with	Will request Memorial dis****arge sum****. Will follow up with care home administrator on ****s care.	12/11/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****. SS/dm
44 20181207	On 12/8, around 6:30pm, **** was returned home by his mother to the care home after spending the day with her. She informed staff that she had administered all medication required at 3pm except Miralax because she did not have a container or bottle to use in order for **** to drink the medication. When staff and mom continued discussion, mom became upset and defensive, telling staff that if she had a problem with her not giving the medication, then she would just sign a waiver because she did not feel it was a big deal he was not given it. Staff explained that the Miralax is **** had three seizures on 12/6/18 all lasting less than 1 minute ea****. ****/Staff at RSP took him to Memorial ER where he had a 4th seizure. He was kept two nights and released on 12/10/18 with his oxycodone increased to 300mg BID.	**** Guest home admin & direct staff will f/u physician's discharged orders.	
45 20181208	Care Home staff noted that **** had blood in her urine. Care Home staff transported her to Lodi Memorial Hospital emergency room for further assessment. After testing **** was admitted to Lodi Memorial due to Urinary tract infection and Kidney Failure.	Facility Administrator will notify PCP of **** missing a dose of his Miralax. Facility Administrator, manager, and staff will continue to monitor **** for any new symptoms. Administrator to continue to keep in contact with ****s SC.	12/12/18 - Routing SIR to PM for review and distribution to SC requesting Other; Has Risk Been Litigated? Routing copy of SIR to CSL. - ****, requesting Investigative Outcome. Copy to CRA and Pharmacist. SS/dm
46 20181208		RSP will follow up with neurologist Dr. **** Valley ****Idren's hospital.	12/12/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****. SS/dm
47 20181208		**** will have a follow up with nephrologist Dr. Maddula. She will have follow up with Dr. **** PCP on 1/4.	12/11/18 - Routing SIR to PM for review and distribution to SC requesting Hospital/Medical Records - hospitalist dis****arge sum****. SS/dm
48 20181209	#N/A	SC to follow up with **** to get the SIR	

	On December 7, 2018, at 400pm, this RSP called 911 for **** because he was exhibiting behavior that were endangering himself and others. He had been showing agitation since the week before and this was the second time that day program called the home for him to be picked up. After picking him up at around 1235pm, this RSP took him to ** residential, because he **** very mu**** to urinate and it was closer than **** where he lives. Moments later her rushed out to the street and started walking back and forth for more than an hour, also crossing the very busy street every now and then followed by staff and this RSP. We ****ed to take him back to ****, but when he was already inside the car, he tried to go down even when the vehicle was already starting to move and repeatedly did this. Even when we had him seated at the back of the car where there is a ****id lock and also sandwi****ed by two staff, he transferred to the front seat and got out of the car, then out to the street again. This RSP had to call 911 and police came who then escorted us to ****. When he was already at ****, he continued having the same behaviors--even hitting his own head and body with his closed fist. Then ****aging staff with a raised hand and closed fist.		
49 20181207	On Tuesday, 12/11/18, SIS staff ****, discovered that **** had not received his new weekly medication bubble pack from RX Express and as su**** did not have his AM dose's, **** notified her supervisor who directed her to call the pharmacy. **** spoke with a pharmacy rep. and was assured that his med's would be delivered that same day, 12/11/18. At approximately 7pm on 12/11/18, RX Express delivered his medications. SIS staff then followed up with the pharmacist to inquire about the		12/13/18 - Routing SIR to PM for review and distribution to SC requesting other; Py**** Records. SS/dm
50 20181211	On 12/04/2018, I, SC **** arrived at **** for an unannounced visit. At approximately 330PM, SC asked RSP **** where consumer, **** was. RSP **** immediately headed towards ****'s bedroom. As she got to the door, SC noticed RSP **** unc****y what appeared to be a rope tied around the door knob, hooked to a nail that was attached to the wall--preventing **** from opening the door from inside the room. As RSP **** untied the rope, she nervously attempted to explain the reason for the rope, but SC could not understand what exactly was being said. The only thing SC could understand RSP **** saying was, "my husband went to the bathroom". After the SC completed SOC 341 and contacted local Ombudsman for **** due to ****reporting that since entering their facility **** has begun wearing adult diapers, utilizing a wheel****air and is now on a purued diet--when prior to entering the facility ****	12/4/18 - SC immediately reported the incident to QA PM. **** and QA Sr. CSI. ****. **** contacted DHS and reported the incident -12/5/18 - SC submitted a SOC341 to the OMBUDSMAN regarding the discovery. -12/6/18 - SC received a call from DHS regarding the discovery and asked SC to do follow up unannounced visits. -12/7/18 - QA PM **** shared that CDPH investigation is under****.	12/13/18 - Routing SIR to CSI (I, Craig) requesting Investigative Outcome and other; Has Risk Been Mitigated? Copy to CRA and Pharmacist. SS/dm
51 20181204	SC completed SOC 341 and contacted local Ombudsman for **** due to ****reporting that since entering their facility **** has begun wearing adult diapers, utilizing a wheel****air and is now on a purued diet--when prior to entering the facility ****	SC contacted local Ombudsman and faxed over a report. SC has also called ****to s****edule a follow up meeting with ****Social Services and PM ****.	
52 20181212	At approximately 0800 on 12/11/18, during a routine medication audit, it was found that the count to ****'s iron supplement, Ferrous Sulfate 25mg, was over by 1 pill. The supplement is prescribed as: 2 pills twice daily and **** takes them at 10:00am and 8:00pm. Facility Administrator **** began an investigation into the circumstances. During the investigation, it was discovered that during ****'s home visit wh**** occurred from 12/8/18 at 6:30 pm to 12/9/18 at 11:00 am, **** was only passed two iron pills. Evidence for this was found on the Medication Ex****ange From completed with ****'s father. 23 Ferrous Sulfate pills were signed out and 21 were signed back into the facility upon ****'s return. **** was unable to determine wh****~day(s) the med error occurred on. Further investigation also revealed there was a medication		
53 20181208	Came home staff went to **** check on **** in his bedroom on 12/12/18 and found him sitting on his bedroom floor w/ blood on his head, face and clothes. His room had a trail of blood leading tot he living room. **** was alert and talking but appeared weak. Staff found a laceration on the left side of his scalp. The laceration was no longer bleeding. Staff cleaned him up, putting clean clothes on him. Administrator called 911 and **** was transported to Memorial Medical Center ER. Blood tests, X-rays and CT scans revealed **** has no additional injuries other than the lacerations, however, it was discovered that there is present deterioration of ****'s neck and spine as a result of his Degenerative Joint Disorder. and that is gradually progressing. **** was dis****arged that afternoon, with after visit instructions, i.e., see primary care physician. -12/13/18 - Collateral w. Administrator, ****, reporting she was taking		
54 20181212	On 12/11/2018 **** was supposed to return home to **** at 8pm after spending the evening with her boyfriend. **** did not return home. By 9pm **** was still not home and **** staff called **** several times and left voice messages. **** still had not returned home by 7am on 12/13/2018 to take her morning medications. **** staff contacted SC on 12/13/2018 at 9:30am and explained the situation to SC. SC was able	Increase case management.	
55 20181213	On Dec 13, 2018, care home staff noted that **** was congested, had a cough and short of breath. Her BP was 130/70, Pulse 98.0 and O2 sat 95%. EMS was called and she was transported to St. Joseph's Medical Center via ambulance for further assessment. Dr. **** was ED physician. ****est X-ray, labs, EKG were completed. Labs showed WBC at 10.2, **** was admitted - admitting diagnosis	SC will request discharge summary for review.	
56 20181213	**** was diagnosed with stage 4 cancer that was not curable. He ****ose to have hospice care and passed a**** from the cancer at the hospice house. **** passed	**** hospice care as his cancer was terminal and not curable.	
57 20181214			

	On 12/13/18 at approximately 5:15 pm, **** was having an early dinner at her care home. ****. While **** was eating her dinner, staff S. ****. saw **** stiffen her neck and throw her head back. Administrator, ****, came to ****'s side, rubbed her ****'s neck and asked, "are you alright?" without any response or reaction. **** called 911 and was instructed by the dispatch**** to do ****est compressions until paramedics arrived approximately 7-8 minutes later. Paramedics continued to facilitate CPR for an		
58 20181213	On 12/14/18 approximately 530 PM staff took **** to St. Joseph ER due to c/o of abdominal pain and no ileostomy output when he arrived home from day program. **** vital were BP 100/60, HR-68, T 96.8, O2 93% room air. he had discoloration of ileostomy bag. **** was examined by Dr. ****, St. Joseph ER physician. Labs and CT	SC to follow up with care home and request copy of death certificate.	
59 20181214	perform. WBC 17, elevated and CT revealed bowel obstruction. Tordol 60 mg given	**** vital signs"took to ER-Labs and CT of abdomen performed"NG tube was inserted in the ER-Admitted to St Joe for observation-Follow doctor's orders	

POS Exceptions  
October 2018

Date Recvd	Request	Outcome
10/02/18	Cont addtl respite hrs 10 LVM hrs - 6 months	Approved
10/02/18	Retro Respite 8/1-8/13 - 30n hrs/mo	Approved
10/02/18	Roll in shower, relocate door/electrical pannel to make wheelchair accessible.	Approved
10/02/18	Armor swing away for wheelchair	deferred
10/02/18	Day Care	Approved
10/02/18	addtl hrs respite - totaln60 hrs/mo - 6 months	Approved
10/02/18	Cont personal assistance hrs. 189 hrs/mo - 12 mo	Approved
10/02/18	Addtl SLS - 25 hrs/Oct	Approved
10/02/18	Respite/10/6 - out of home respite	Approved
10/02/18	2 addtl hrs (10 hrs day) ILP = 230/mo	Approved
10/02/18	Bath modification	Approved
10/02/18	SSI/P&I funding	Approved
10/02/18	SSI/P&I funding	Approved
10/02/18	20 addtl hrs/respite/mo - 3 months	Approved
10/02/18	SSI/P&I funding	Approved
10/02/18	Bed hold/bright futures	Approved
10/02/18	Addtl 40 hrs/mo respite - 1 consumer rate	Approved
10/02/18	vehicle mod - Bruno seat	Approved
10/02/18	Extend nursing respite/40 LVM/oct	Approved
10/02/18	Cont patch -1 month	Approved
10/02/18	Cont - visiting Angels supervision	Approved
10/02/18	reimb cost of van lift / \$10,000	Denied
10/02/18	Patch - 6 hrs/day/5 days wk/	Approved
10/02/18	Cont patch/	Approved
10/02/18	Patch/	Approved
10/02/18	Cont patch/	Approved
10/02/18	cont nursing/	Deferred
10/02/18	Retro purch reimb (4/2018) rest	Approved
10/02/18	Parent conference / San Jose	Deferred
10/02/18	Retro - camp (july 2018) \$800	Approved
10/02/18	Adapt solution seat/bruno side exterior	denied
10/02/18	patch 24/3 - months	Approved
10/02/18	Cont patch/	Approved
10/02/18	cont 45/hrs/mo/sls	Approved
10/02/18	Cont 92 hrs patch	Approved
10/02/18	Cont patch/	Approved
10/09/18	20 hours a week PATCH	Approved
10/09/18	138 hours of PATCH 3 months CVTC	Approved
10/09/18	192 hours of SLS	Approved
10/09/18	Additional 20 hours of respite	Approved
10/09/18	12 hours a day for 4 days a week hours LVN Services	Approved
10/09/18	Additional 25 hours a month of respite	deferred



POS Exceptions  
October 2018

10/09/18	PATCH at Table Mountain	Approved
10/09/18	Home Modification expand bathroom	deferred
10/09/18	additional 35.5 hours SLS	Approved
10/09/18	Translator Travel Retro	Approved
10/09/18	Additional 66 hours a month of respite	deferred
10/09/18	450 Day Time Hours 250 nighttime Hours of SLS for 1 year	Approved
10/09/18	Retro Care Home	Approved
10/09/18	Retro 9 days of Day Program in September	deferred
10/09/18	Speech and Language assessment	Denied
10/09/18	Retro Day Program	Approved
10/09/18	Retro Rate Supplement	Approved
10/09/18	Bed hold/Geir Care Home	Denied
10/09/18	Retro Sept CVTC Day Program	Approved
10/09/18	Personal Assistance	Denied
10/09/18	PATCH at Table Mountain	Approved
10/09/18	Walker	Approved
10/09/18	Additional Respite 15 hours per month	Denied
10/09/18	Retro for Sept Day Program	Approved
10/09/18	Additional Respite 50 hours	deferred
10/09/18	PATCH at Brinks Community Care 10 hours a day 16 hours on weekend	Approved
10/09/18	10 additional hours of translation in September	Approved
10/16/18	Addtl SLS - Board/care rate	Approved
10/16/18	Home Maker Services - 10 addtl 10/24-11/30	Approved
10/16/18	Addtl 6 hrs respite/mo =30 hrs 10/1 - 7/31	Approved
10/16/18	Bis Mileage reimb sept. 75.4 miles	Approved
10/16/18	BIS Mileage Reimb 162 miles	Approved
10/16/18	BIS Mileage Reimb 162 milesBIS Mileage Reimb 162 miles	Approved
10/16/18	Bed Hold	Approved
10/16/18	Purch reimb Jan	Denied
10/16/18	Purch reimb April	Approved
10/16/18	Purch reimb July	Approved
10/16/18	Purch reimb	Approved
10/16/18	Shower Bay/transition Ramp \$7521.91	Approved
10/16/18	Purch reimb/Sept/ 3 weeks 9-7/9/28 \$1560	Approved
10/16/18	Interpreter mileage 28 miles	Approved
10/16/18	Retro - telemed setup	Approved
10/16/18	Retro translation - immigration atty	Approved
10/16/18	Patch - 4 hrs/day	Approved
10/16/18	Cont patch - daytime 150 hrs/mo	Approved
10/16/18	Cont 744 hrs SLS	Approved
10/16/18	Increase SLS from 60 to 80 hrs/mo	Approved
10/16/18	Addtl 20 hrs SLS mo/oct	Approved
10/16/18	IN home respite sept	Approved
10/16/18	155 hrs/month of IHSS THRU UCP ; 180 hrs/month of SLS; 248 hrs/month of PA 10	Approved
10/16/18	Medications July 2018 - Sept 2018 \$228.37	Approved

POS Exceptions  
October 2018

10/16/18	20 respite hrs/mo sept	Approved
10/16/18	Retro Aug 1st - Interpreter 2-hrs	Approved
10/16/18	50 addtl Respite hrs/	Approved
10/16/18	Pharmacy Care Concepts \$8.64 / aug.	Approved
10/16/18	76 hrs/mo nursing respite 12/1 - 2/28 -	Approved
10/16/18	Cont patch - Nov,dec, jan	Approved
10/16/18	Swing away lift for vehicle -	Approved
10/16/18	Retro - 6 hrs (sept) Respite	Approved
10/16/18	bath remodel	Approved
10/16/18	board & Care Rate	Approved
10/16/18	P&I \$50/mo	Approved
10/16/18	Medication \$46/mo (retro July)	Approved
10/16/18	5/hrs translation/sept	Approved
10/16/18	20 hrs/w/Pacific homecare -	Approved
10/30/18	Patch	Approved
10/30/18	Retro Purch Reimb	Approved
10/30/18	Bed hold for two weeks (11/2/18-11/16/18)	Approved
10/30/18	Respite - 18 hrs/retro	Denied
10/30/18	Patch DP	Approved
10/30/18	Respite/Retro	Approved
10/30/18	Bed Hold	Approved
10/30/18	Addtl SLS / 124/mo-4 hrs night thru 12/31/18	Approved
10/30/18	Pay portion of B&C	Approved
10/30/18	3 months/day care thru 1/31/19	Approved
10/30/18	3 months addtl respite / 56 hrs/mo	Approved
10/30/18	P&I and SSI funding cont	Approved
10/30/18	92 hrs/mo patch DP	Approved
10/30/18	2nd replacement med alert	Approved
10/30/18	Patch / 2 weeks	Approved
10/30/18	Patch at DP	Approved
10/30/18	Cont - 10 hrs respite/mo	Approved
10/30/18	Retro	Approved
10/30/18	Retro Respite Aug/Sept/Oct	Approved
10/30/18	Respite	Denied
10/30/18	Patch - cont (4 hrs/day 92/mo)	Approved
10/30/18	25 hrs SLS	Approved
10/30/18	Cont - SLS (496 2:1/248 night 1:1)	Approved
10/30/18	52.5 hrs day care/mo	Approved
10/30/18	Retro respite	Approved
10/30/18	Respite (retro/sept)	Approved
10/30/18	Retro - 9 days day pgm/sept	Approved
10/30/18	Patch / 3 mo	Approved
10/30/18	patch (nov/dec/jan)	Approved
10/30/18	Nov-317 hrs/Dec-353 hrs/Jan-374 hrs = Patch	Approved
10/30/18	SLS - addtl 20 hrs oct	Approved
10/30/18	Bed Hold (10/2-10/23)	Approved



POS Exceptions  
October 2018

10/30/18	SLS 12.25 hrs/day; 281.75 hrs/mo; \$16.73/hr	Approved
10/18/18	1 hr & 52 miles for 7/16/18	Approved
10/18/18	SSI funding for August/Sept	Approved
10/24/18	Cont SSI/P&I	Approved
10/23/18	Balance due on meds	Approved
10/23/18	60/hrs/mo Nursing respite	Approved
10/23/18	Retro Respite Jan-May 2018 = 90 hrs	Approved
10/29/18	Retro Patch July/Aug/Sept	Approved
10/29/18	284 hrs daycare (Oct/45; Nov/62; Dec/85; Jan/92)	Approved
10/29/18	325 hrs daycare (Nov/88; Dec/112; Jan/125)	Approved
10/29/18	IDS Evaluation	Approved
10/12/18	on time - 20 addtl hrs SLS	Approved
10/31/18	Addtl 30 hrs respite (10/26-10/27)	Approved
10/29/18	24 hrs addtl patch	Approved
10/29/18	Translation 9 hrs	Approved
10/29/18	54 miles for translation svcs	Approved
10/29/18	Retro NTE \$240/mo	Approved
10/29/18	Cont 138 hrs patch @ day pgm	Approved
10/29/18	patch 138 hrs/mo	Approved
10/29/18	NTE 112 hrs/mo patch	Approved
10/29/18	Addtl. 20 hrs SLS	Approved
10/29/18	SSI/SSP restoration /September	Approved
10/26/18	Patch 6/hrs/day -	Approved
10/26/18	6 hrs/day patch -= 138 hrs	Approved
10/22/18	\$848.37 SSI advance	Approved
10/26/18	Patch 6 hrs/day	Approved

POS Exceptions  
November 2018

Date Recvd	Request	Outcome
11/01/18	10 addtl hrs SLS for Oct/Nov/Dec	Approved
11/01/18	Cont Day Care	Approved
11/06/18	Cont patch - 138 hrs	Approved
11/06/18	cont day care	Approved
11/06/18	Cont 435 hrs/homemaker svcs	Approved
11/06/18	1 month motel expenses (95-103) \$2,	Approved
11/06/18	130 hrs respite/mo = proposed 65 hrs instead	Approved
11/06/18	Bathroom modification - roll in shower.	Approved
11/06/18	Day Care - updated addtl 65 hrs/mo	Approved
11/06/18	SLS - 24/7 - thru this Sunday.	Approved
11/06/18	van conversion - new vendor	Approved
11/06/18	addtl respite/	Denied
11/06/18	cont sls 203/hrs/mo	Approved
11/06/18	personal assistance/20 hrs	Approved
11/06/18	retro Oct 1st - Oncore	Approved
11/06/18	Addtl respite/3 months/addtl 10 per mo	Approved
11/06/18	Sleep save 2 bed	Approved
11/06/18	ssi/portion cont - loan	Approved
11/06/18	Retro - TMS	Approved
11/06/18	8 hrs/ addtl respite November	Approved
11/06/18	Manual wheel chair -	Approved
11/06/18	pharmacy \$165.83 oct rx	Approved
11/06/18	5.75 addtl patch /oct	Approved
11/06/18	80 hrs addtl respite/mo/2 months	Approved
11/06/18	Purch reimb /retro aug & sept/ \$890	Approved
11/06/18	15/20 addtl respite/mo/3 months	Approved
11/06/18	Setp 3-Oct 6 \$ / purch reimb	deferred
11/06/18	respite/addtl 20 per mo/3 months	Approved
11/06/18	linkseat - \$8372/	Denied
11/20/18	Retro/respite 24 hrs oct	Approved
11/20/18	bathroom Remodel \$9k	Approved
11/20/18	Retro/respite/oct/svc code update	Approved
11/20/18	Cont 359 hrs sls/mo	Approved
11/20/18	Retro med/d prem \$4.00 -sept/oct	Approved
11/20/18	patch - 12 hrs/day - thru January	Approved
11/20/18	Bathroom remodel -	Approved
11/20/18	20 hrs/mo respite addtl	Approved
11/20/18	addtl 10 hrs/mo/respite - 6 weeks	Approved
11/20/18	Purch reimb - \$1372 june/\$4705 July-Sept 24th	Approved
11/20/18	Cont SLS -115/mo - thru	Approved
11/20/18	cont patch - 138 hrs/mo - thru 3 months	Approved
11/20/18	Cont patch/Dec -	Approved
11/20/18	Cont - SLS 150 hrs/tier 1; 100 hrs/tier 2 - 6 months	Approved

POS Exceptions  
November 2018

11/20/18	Environmental Access - Ramp/hand rails - home mod	Approved
11/20/18	addtl 4 hrs/ILS for month of November	Approved
11/20/18	Cont ssi/P&I	Approved
11/20/18	Cont Patch - 92 hrs/mo - 12-1 thru 2-28	Approved
11/20/18	Cont ssi/B&C/P&I	Approved
11/20/18	Patch - cont nov/dec/jan 1042 hrs	Approved
11/20/18	out of home respite/10 days/	Denied
11/20/18	Loan - Extend for Dec part ssi/B&C -	Approved
11/20/18	Patch - 138 hrs/	Approved
11/20/18	Bed Hold - cont - nov 30	Approved
11/20/18	Day Care - nov/dec/jan	Approved
11/20/18	cont ssi/P&I	Approved
11/20/18	Cont bed hold	Approved
11/20/18	Day Care 96 hrs/mo - 1 year	Approved
11/20/18	24 hrs/day SLS nov 20 - 27th	Approved
11/27/18	Rate supplement/oct & P&I/oct	Approved
11/27/18	cont SSI/P&I board & care	Approved
11/27/18	portion of board & care - thru	Approved
11/27/18	home health	Approved
11/27/18	24/7 SLS 12/1 - 12/18	Approved
11/27/18	30 hrs/respite / oct	Approved
11/27/18	DME Ramp/lift - \$9,618	Approved
11/27/18	20 addtl respite hrs/mo -	Approved
11/27/18	Nighttime supervision hrs/	Approved
11/27/18	cont 26 hrs/patch	Approved
11/27/18	Cont day care	Approved
11/27/18	cont Patch - 115 hrs/mo	Approved
11/27/18	Cont/extra 7hrs/mo home care (10/1-2/28/19)	Approved
11/27/18	90 hrs/mo respite(3/hrs/day) -approved 45 for 3 months	Approved
11/27/18	2,080 Motel rent/4 weeks.	Approved
11/27/18	cont 56 addtl respite/mo jan-feb	Approved
11/27/18	245.45/day - 3 months	Approved
11/27/18	cont P&I/SSI funding -	Approved
11/27/18	cont P&I/SSI funding -	Approved
11/27/18	cont 266 daytime SLS	Approved
11/27/18	cont 249 nighttime SLS	Approved
11/27/18	Van Conversion	Denied

Date FRR Received	MDA Date	Issue	Office	Informal Date	Time	Mediation Date	Time	State Date	Time	Resolved Yes/No	Resolved Level	Date Resolved	Withdrawn Yes/No	Withdrawn	Comments	Hearing Decision	Rep by
	6/13/2018		Medesto					2/18							Hearing 12/20/18		Yes
8/21/2018	8/3/2018	Respi	Stockton	5/6/2018	10:00AM	9/26/2018	10:00AM	10/10/2018	10:00AM	Yes	Mediation	9/26/2018					Yes
	7/27/2018	M	Sto				018 9:30AM	2/11/2019									Yes
9/25/2018	9/12/2018		Sto	10/5/2018	1:00PM	10/25/2018	9:30AM	11/9/2018	9:30AM	No							
18	/2018	E						1/21/2018	9	No					St 2018, ng		
10/9/2018	9/20/2018	Elig Rty		10/18/2		N/A		11/ / 2018	1	Yes	Inform	/19/2018			NDR Informal letter to follow		Yes
11/2018	8/2018	Serv					9:30AM	/2018	9	No							
10/24/2018	10/15/2	B Language		10/11/2		11/16/	9:30AM	12/7/2018	9	No					11/ moving forward sta		Yes
10/24/2018	/16/2018	De		11/6/20		11/24/20		12/27/2018	9	No							Yes