

NOTICE OF DEFICIENCY

LICENSING REPORT

<b>Legal Entity:</b> Narconon Southern California  <b>Provider Name:</b> Narconon Southern California, Inc.  <b>Address:</b> 1810 West Ocean Front Newport Beach, California 92663	<b>Provider Number:</b> 300077AN  <b>Date(s) of Review:</b> November 17, 2004
<b>Census:</b> Total Occupancy: 18      Treatment Capacity: 27	
<b>Residential</b> <input checked="" type="checkbox"/> <b>Residential Detoxification</b> <input type="checkbox"/>	
<b>Exit Interview Conducted:</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If yes, present during exit: Geanie Adams, Executive Director	
If no, why:	
LICENSING AUTHORITY: Health and Safety Section 11834.01, Chapter 7.5 and Title 9, California Code of Regulations (CCR). Licensing regulation sections may be paraphrased. Refer to Title 9 Regulations for complete text.	

SECTION 10511 - REQUIREMENT TO POST LICENSE	*YES	**NO	***N/A	****CLASS	SECTION 10564 - PERSONNEL REQUIREMENT	*YES	**NO	***N/A	****CLASS
The license is posted in a conspicuous place in the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		---	(b)(3) All personnel shall be trained or have experience which provides knowledge of the skills required in (A-G).	<input checked="" type="checkbox"/>	<input type="checkbox"/>		---
<b>SECTION 10512 - ALTERATION OF LICENSE</b>					(c)(1) Staff are in good health verified by a health screening and a test for tuberculosis not more than 60 days prior to or 7 days after employment. ♦	<input type="checkbox"/>	<input checked="" type="checkbox"/>		B
The license has not been altered.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		---	(c)(1) Tuberculosis test is renewed every year. ♦	<input type="checkbox"/>	<input checked="" type="checkbox"/>		B
<b>SECTION 10513 - ADHERENCE TO EXPRESS CONDITIONS OF LICENSURE</b>					(c)(3) Volunteers are in good health verified by a signed statement by each volunteer affirming that he/she is in good health and a test for tuberculosis not more than 60 days prior to or 7 days after initial presence in facility and annually thereafter. ♦	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	---
The licensee shall not operate beyond the conditions and limitations of the license.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		---	(i) The licensee shall develop, maintain and implement an ongoing training program for all staff. ♦	<input checked="" type="checkbox"/>	<input type="checkbox"/>		---
<b>SECTION 10517 - FIRE CLEARANCE</b>					<b>SECTION 10565 - PERSONNEL RECORDS</b>				
(a)(1) The facility has a valid and appropriate fire clearance. ♦	<input checked="" type="checkbox"/>	<input type="checkbox"/>		---	(a) Personnel records shall be maintained, shall be available to the department, and shall contain items as stated in (1-7). ♦	<input type="checkbox"/>	<input checked="" type="checkbox"/>		C
<b>SECTION 10563 - ACCOUNTABILITY</b>					(b) All personnel shall have a record of the health screening on file.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		C
The licensee is accountable for the general supervision of the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		---	(c) All records shall be maintained at the facility site or shall be readily available to the department at the facility site upon request.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		---
<b>SECTION 10564 - PERSONNEL REQUIREMENT</b>									
(a)(2) Each licensee shall make provision for continuing operation and administration during any absence of regular administrative personnel.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		---					
(b)(1) Facility personnel, including volunteers, shall be competent to provide services and shall have adequate staff to meet the needs of residents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		---					

♦ indicates requirements contained in both Title 9 Regulations and Alcohol and/or Other Drug Program Certification Standards.

REVIEWER SIGNATURE/DATE SIGNED 11/22/04 TELEPHONE (916)323-1869	I understand the instructions and my appeal rights as explained on the Informational Sheet(s) provided.  PROGRAM REPRESENTATIVE SIGNATURE/DATE SIGNED
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Provider Number:300077AN Date(s) of Review:November 17, 2004

SECTION 10566 - ADMISSION AGREEMENT	*YES	**NO	***N/A	****CLASS	SECTION 10571 - TRANSPORTATION	*YES	**NO	***N/A	****CLASS
(b) The admission agreement shall contain items as stated in (1-5).	<input checked="" type="checkbox"/>	<input type="checkbox"/>		—	(a) Only drivers licensed for the type of vehicle operated shall be permitted to transport residents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
(c) The admission agreement shall be dated and signed by the resident and licensee no later than 7 days following admission. ♦ (Except detoxification services)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—	(c) Motor vehicles used to transport residents shall be maintained in a safe operating condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
<b>SECTION 10567 - RESIDENT HEALTH SCREENING</b>					<b>SECTION 10572 - HEALTH RELATED SERVICES</b>				
(a) Every resident shall complete a health questionnaire. ♦	<input checked="" type="checkbox"/>	<input type="checkbox"/>		—	(a) Residents receive first aid and information about referrals to medical and dental services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		—
(b) Every resident shall be tested for tuberculosis within 6 months prior to or 30 days after admission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		—	(b) During the provision of services, there shall be at least one person who is First Aid and CPR qualified.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		—
(b) Tuberculosis test is renewed annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—	(b)(1) If providing detoxification services, there shall be at least one person who is First Aid and CPR qualified always on the premises.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—
(c)(1) The licensee shall review each resident's health questionnaire and ensure that the resident obtains medical or dental assistance for any health problems.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		—	(c)(1) First aid supplies are maintained and available at the facility and contain items as stated in (A-H).	<input checked="" type="checkbox"/>	<input type="checkbox"/>		—
<b>SECTION 10568 - RESIDENT RECORDS</b>					<b>SECTION 10573 - FOOD SERVICE</b>				
(a) A separate and complete record shall be maintained in the facility for each resident. ♦	<input checked="" type="checkbox"/>	<input type="checkbox"/>		—	(f) Licit medications shall be controlled as specified by the licensee's written goals, objectives and procedures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		—
(b) Each record shall contain items as stated in (1-9). ♦	<input checked="" type="checkbox"/>	<input type="checkbox"/>		—	(g) Prescription medications left by discharged residents have been destroyed using the procedures as stated in (1-4).	<input checked="" type="checkbox"/>	<input type="checkbox"/>		—
(c) All information and records regarding residents shall be confidential and maintained in accordance with Title 42, Code of Federal Regulations. ♦	<input checked="" type="checkbox"/>	<input type="checkbox"/>		—	<b>SECTION 10573 - FOOD SERVICE</b>				
<b>SECTION 10569 - PERSONAL RIGHTS</b>					(a)(1) The total daily diet for residents shall be of quality/quantity necessary in accordance with RDA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
(a) Each resident shall have personal rights as stated in (1-6). ♦	<input checked="" type="checkbox"/>	<input type="checkbox"/>		—	(a)(2) Where all food is provided by the facility, arrangements shall be made so that each resident has at least 3 meals per day.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
(b) Every resident shall be given a copy of the personal rights at admission. ♦	<input checked="" type="checkbox"/>	<input type="checkbox"/>		—	(a)(5) Menus shall be written 1 week in advance, dated and kept on file for at least 30 days.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
<b>SECTION 10570 - TELEPHONES</b>					(a)(7) All foods shall be selected, transported, stored, prepared and served so as to be free from contamination and spoilage and shall be fit for human consumption.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
All facilities shall have adequate telephone service on the premises for use in emergencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		—					

♦ indicates requirements contained in both Title 9 Regulations and Alcohol and/or Other Drug Program Certification Standards.

<p><i>Robert Rose 11/22/04</i></p> <p>REVIEWER SIGNATURE/DATE SIGNED</p>	<p>(916)323-1869</p> <p>TELEPHONE</p>	<p>I understand the instructions and my appeal rights as explained on the Informational Sheet(s) provided.</p> <p>PROGRAM REPRESENTATIVE SIGNATURE/DATE SIGNED</p>
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Provider Number:300077AN

Date(s) of Review:November 17, 2004

SECTION 10573 – FOOD SERVICE	*YES	**NO	***N/A	****CLASS
(a)(12) All persons engaged in food preparation and service shall observe personal hygiene and food services sanitation practices which protect food from contamination.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
(a)(14) All foods or beverages shall be stored in covered containers at 45 degrees Fahrenheit (7.2 degrees Celsius) or less.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
(a)(15) Pesticides and other similar toxic substances shall not be stored in food storerooms, kitchen areas, food preparation areas or areas where kitchen equipment or utensils are stored.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
(a)(16) Soaps, detergents, and cleaning compounds are not stored with food supplies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
(a)(17) All kitchen, food preparation, and storage areas shall be kept clean, free from litter and rubbish.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
(a)(18) Food shall be protected against contamination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
(a)(19) All equipment, fixed or mobile, dishes and utensils shall be kept clean and maintained in good repair.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
(a)(20) All dishes and utensils used for eating, drinking and preparing food shall be cleaned and sanitized after each usage.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
<b>SECTION 10581 – BUILDING AND GROUNDS</b>				
(a) Facilities shall be clean, safe, sanitary and in good repair. ♦	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<u>C</u>
(c) All outdoor and indoor passageways, stairways, inclines, ramps, open porches and other areas of potential hazard shall be kept free of obstruction. ♦	<input checked="" type="checkbox"/>	<input type="checkbox"/>		—
(f)(1) If female and male residents are housed in the same facility, the licensee shall have separate and adequate bathing facilities for females and males.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—

SECTION 10581 – BUILDING AND GROUNDS	*YES	**NO	***N/A	****CLASS
(f)(2) If female and male residents are housed in the same facility, the licensee shall have separate and adequate sleeping areas for females and males	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
(f)(3) The licensee shall have 24-hour staff coverage for co-ed facilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	—
<b>SECTION 10583 – STORAGE SPACE</b>				
(a) There shall be space available for storage of residents' belongings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		—
<b>SECTION 10584 – FIXTURES, FURNITURE, EQUIPMENT AND SUPPLIES</b>				
(e) All bathing facilities shall be maintained in safe and sanitary operating conditions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<u>C</u>
(f) Solid waste shall be stored, located and disposed in a manner that will not transmit communicable diseases, emit odors, create a nuisance, or provide a breeding place or food source for insects or rodents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		—
(f)(1) All containers used for storage of solid waste shall have tight-fitting covers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		—
(g) The licensee shall provide clean linen in good repair, warm blankets, top and bottom bed sheets, pillow cases, mattress pads, bath towels, and wash clothes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<u>C</u>
(h) The licensee shall provide adequate bathing, hand washing and toilet facilities with the maximum ratio of one facility per eight residents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		—
(i) The facility shall provide each resident with an individual bed equipped with good springs and a clean mattress and supplied with pillow(s), linen and blankets which are clean and in good repair.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		—
<b>Other licensing deficiencies cited</b> <input type="checkbox"/>				
If other licensing deficiencies are cited, refer to the "Report Summary" for the section number, title, class, and description of each regulation that has been violated.				

♦ indicates requirements contained in both Title 9 Regulations and Alcohol and/or Other Drug Program Certification Standards.

<p><i>Robert Rox 11/22/04</i></p> <p>REVIEWER SIGNATURE/DATE SIGNED</p>	<p>(916)323-1869</p> <p>TELEPHONE</p>	<p>I understand the instructions and my appeal rights as explained on the Informational Sheet(s) provided.</p> <p>PROGRAM REPRESENTATIVE SIGNATURE/DATE SIGNED</p>
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## Report Summary

Provider Number:300077AN

Date(s) of Review:November 17, 2004

THE FOLLOWING DEFICIENCIES WERE NOTED FOR TITLE 9, LICENSING REGULATIONS, AND ARE DUE NO LATER THAN DECEMBER 17, 2004:

1. Section 10564(c)(1) - Employee Nancy Nowak requires a tuberculosis test result in her personnel file that is renewed annually. Employee Joanne Metz, Robert Markham and Jane Ryan require a tuberculosis test and the results placed in their personnel file.
2. Section 10565(a)(5, 6) - Employees Joanne Metz, Nancy Nowak, Robert Markham and Jane Ryan require a resume/work experience in their personnel file. Employees Robert Markham and Jane Ryan require a job description/duty statement in their personnel file.
3. Section 10567(b) - Resident SO101904 requires a tuberculosis test and the results placed in the participant file.
4. Section 10581(a) - Light fixture in bedroom number two on second floor requires a cover and hallway light fixture in hallway on third level requires a cover.
5. Section 10584(e) - Bedroom number one on first floor requires that the toilet be repaired and caulked, the shower area has mold and requires painting/caulking, bathroom in bedroom number two requires tile around bathtub to be re-caulked and sink requires re-caulking.
6. Section 10584(g) - The licensee is required to provide mattress pads for every bed / resident.

*Robert Rose 11/22/04*

(916)323-1869

REVIEWER SIGNATURE/DATE SIGNED

TELEPHONE

I understand the instructions and my appeal rights as explained on the Informational Sheet(s) provided.

PROGRAM REPRESENTATIVE SIGNATURE/DATE SIGNED

**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. Notices of deficiency 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 corrective action plan (CAP).

**CORRECTION OF DEFICIENCIES AND NOTIFICATION OF MANAGER** - The licensee shall submit written verification of correction for each deficiency identified in the notice of deficiency to the Manager of the Residential and Outpatient Programs Compliance Branch, Department of Alcohol and Drug Programs, 1700 K Street, Sacramento, CA 95814. 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 the date specified in the notice of deficiency.

**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 notice of deficiency. The licensee shall send a written CAP addressed to the Manager of the Residential and Outpatient Programs Compliance Branch, 1700 K Street, Sacramento, CA 95814-4037, postmarked no later than the date specified in the notice of deficiency. The written corrective action plan 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 notice of deficiency; 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.

**NOTICE OF CIVIL PENALTIES** - Title 9, Chapter 5, Section 10547, CCR, requires that if a licensee fails to correct a deficiency by the date specified in the notice of deficiency or submit a subsequently approved CAP, the Department shall assess a civil penalty against the licensee of \$50 dollars per day for each Class A and B deficiency and \$25 dollars per day for each Class C deficiency. Maximum daily civil penalties for all deficiencies shall not exceed \$150 dollars per day. The penalties shall accrue until the date the licensee submits written verification that the deficiency(ies) is corrected, or until the date a written CAP is received and approved. The date of submission by the licensee shall be the date the written verification of correction is postmarked.

If an unlicensed facility fails to cease operation immediately upon receipt of the notice of operation in violation of the law and fails to notify the Department of such cessations within fifteen (15) days of the receipt of the notice, on the 16th day the Department shall assess a civil penalty of \$200 per day against the operator of the unlicensed facility. The penalty will continue to accrue until the facility operator provides written notification to the Department that the unlicensed facility has ceased operation, the civil penalty shall cease as of the date the notification is postmarked.

**APPEAL RIGHTS** - Title 9, Chapter 5, Section 10550, CCR, provides that a licensee may appeal a notice of civil penalty by forwarding a written request for review to the Director, Department of Alcohol and Drug Programs, 1700 K Street, Sacramento, CA 95814-4037. The written request for review shall be postmarked within fifteen (15) working days of receipt of the written notice of civil penalty.

<p><i>Robert Rose 11/22/04</i></p> <p>REVIEWER SIGNATURE/DATE SIGNED</p>	<p>I understand the instructions and my appeal rights as explained on the Informational Sheet(s) provided.</p> <p>PROGRAM REPRESENTATIVE SIGNATURE/DATE SIGNED</p>
<p>(916)323-1869</p> <p>TELEPHONE</p>	

NOTICE OF DEFICIENCY INFORMATIONAL SHEET

**IT IS IMPORTANT THAT THE LICENSEE COMPLY WITH REGULATIONS AND THE INSTRUCTIONS OF THIS NOTICE OF DEFICIENCY.** Written verification of the correction of all deficiencies or a corrective action plan (CAP) must be submitted to the Department and postmarked no later than the dates specified in this notice of deficiency. Failure to comply shall result in the assessment of civil penalties which may result in other possible actions, such as license suspension or revocation.

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

**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 notice of deficiency. 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 notice of deficiency within thirty (30) days of receiving this notice of deficiency. Failure to correct the deficiencies described in this notice of deficiency by the date specified shall result in the assessment of a civil penalty of fifty dollars (\$50) per day for each Class B deficiency and twenty-five dollars (\$25) per day for each Class C deficiency, beginning on the 31<sup>st</sup> day after the receipt of this notice of deficiency 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.

**NOTICE OF DEFICIENCY** - Title 9, Chapter 5, Sections 10543 & 10544, of the California Code of Regulations (CCR), requires the Department complaint investigator/reviewer to prepare a written notice of deficiency at the completion of each complaint investigation/licensing compliance review listing all deficiencies noted. The notice of deficiency 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 on the report. Inquiries concerning the location, maintenance, and content of these reports may be directed to the Department of Alcohol and Drug Programs, Residential and Outpatient Programs Compliance Branch, 1700 K Street, Sacramento, CA 95814-4037.

<p><i>Robert Roe 11/22/04</i></p> <p>REVIEWER SIGNATURE/DATE SIGNED</p> <p>(916)323-1869</p> <p>TELEPHONE</p>	<p>I understand the instructions and my appeal rights as explained on the Informational Sheet(s) provided.</p> <p>PROGRAM REPRESENTATIVE SIGNATURE/DATE SIGNED</p>
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