



## CITATION AND NOTIFICATION OF PENALTY

**To:**

Fletcher Cove Holdings, LLC  
DBA The Ridge Post-Acute  
and its successors  
1355 Clayton Rd.  
San Jose, CA 95127

**Inspection #:** 1473260  
**Inspection Date (s):** 04/24/2020 - 09/18/2020  
**Issuance Date:** 09/18/2020  
**CSHO ID:** J3808  
**Optional Report #:** 012-20  
**Reporting ID:** 0950612

**Inspection Site:**

1355 Clayton Rd.  
San Jose, CA 95127

*The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.*

**This Citation and Notification of Penalty** (hereinafter Citation) is being issued in accordance with California Labor Code Sections 6317 and 6320 for violations that were found during the inspection/ investigation. **This Citation or a copy must be prominently posted upon receipt by the employer at or near the location of each violation until the violative condition is corrected or for three working days, whichever is longer.** Violations of Title 8 of the California Code of Regulations or of the California Labor Code may result in some instances in prosecution for a misdemeanor.

**YOU HAVE A RIGHT** to contest this Citation and Notification of Penalty by filing an appeal with the Occupational Safety and Health Appeals Board. To initiate your appeal, you **must** contact the Appeals Board, in writing or by telephone, within 15 working days from the date of receipt of this Citation. If you miss the 15 working day deadline to appeal, the Citation and Notification of Penalty becomes a final order of the Appeals Board, not subject to review by any court or agency.

**Informal Conference** - You may request an informal conference with the manager of the district office which issued the Citation within 10 working days after receipt of the Citation. However, if the citation is appealed, you may request an informal conference at any time prior to the day of the hearing. Employers are encouraged to schedule a conference at the earliest possible time to assure an expeditious resolution of any issues. At the informal conference, you may discuss the existence of the alleged violation, classification of the violation, abatement date or proposed penalty.

Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an agreement which resolves this matter without litigation or contest.

## APPEAL RIGHTS

The Occupational Safety and Health Appeals Board (Appeals Board) consists of three members appointed by the Governor. The Appeals Board is a separate entity from the Division of Occupational Safety and Health (Division) and employs experienced administrative law judges to hear appeals fairly and impartially. To initiate an appeal from a Citation and Notification of Penalty, you must contact the Appeals Board in writing, or by telephone, or online via the Board's OASIS system, within 15 working days from the date of receipt of a Citation.

After you have initiated your appeal, you must then file a completed appeal form with the Appeals Board, at the address listed below, or online via the Board's OASIS system, for each contested Citation. Failure to file a completed appeal form with the Appeals Board may result in dismissal of the appeal. Appeal forms are available to print online at: <https://www.dir.ca.gov/oshab/appealform.pdf>. You may also file the appeal through the Board's online OASIS system at: <https://www.dir.ca.gov/oshab/>. Hard copies can also be picked up from district offices of the Division, or from the Appeals Board:

Occupational Safety and Health Appeals Board  
2520 Venture Oaks Way, Suite 300  
Sacramento, CA 95833  
Telephone: (916) 274-5751 or (877) 252-1987  
Fax: (916) 274-5785

If the Citation you are appealing alleges more than one item, you must specify on the appeal form which items you are appealing. You must also attach to the appeal form a legible copy of the Citation you are appealing. In addition, please send a copy of Page 1 of this Citation and Notification of Penalty, the cover sheet.

Among the specific grounds for an appeal are the following: the safety order was not violated, the classification of the alleged violation (e.g., serious, repeat, willful) is incorrect, the abatement requirements are unreasonable or the proposed penalty is unreasonable.

**Important:** You must notify the Appeals Board, not the Division, of your intent to appeal within 15 working days from the date of receipt of the Citation. Otherwise, the Citation and Notification of Penalty becomes a final order of the Appeals Board not subject to review by any court or agency. An informal conference with the Division does not constitute an appeal and does not stay the 15 working day appeal period. If you have any questions concerning your appeal rights, call the Appeals Board, at (916) 274-5751 or (877) 252-1987.

## PENALTY PAYMENT OPTIONS

For general/regulatory violations, and for serious violations that have been abated, penalties are due within 15 working days of receipt of this Citation and Notification of Penalty unless contested. If you are appealing any item of the citation, remittance is still due on all items described above that are not appealed. Enclosed for your use is a Penalty Remittance Form for payment.

For serious violations that are not abated, if a signed statement of abatement (as described under "Notification of Corrective Action", below) is not timely received or if the statement does not demonstrate acceptable abatement, penalties will be due within 15 working days after the date the signed statement was due, unless contested.

For serious violations for which a signed statement of abatement demonstrating acceptable abatement is timely received, the payment due date will be described in a Modified Citation and Notification of Penalty that you will receive reflecting a 50% abatement credit.

If you are paying electronically, please have the Penalty Remittance Form on-hand when you are ready to make your payment. The company name, inspection number, and Citation number(s) will be required in order to ensure that the payment is accurately posted to your account. Please go to: **[www.dir.ca.gov/dosh/CalOSHA\\_PaymentOption.html](http://www.dir.ca.gov/dosh/CalOSHA_PaymentOption.html)** to access the secure payment processing site. **Additionally, you must also mail the Penalty Remittance Form to the address below.**

If you are paying by check, return one copy of the Citation, along with the Notice of Proposed Penalties Sheet and the Penalty Remittance Form and mail to:

Department of Industrial Relations  
Cal/OSHA Penalties  
P. O. Box 516547  
Los Angeles, CA 90051-0595

CAL/OSHA does not agree to any restrictions, conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

## NOTIFICATION OF CORRECTIVE ACTION

For general/regulatory violations which you do not contest, you should notify the Division of Occupational Safety and Health promptly by letter that you have taken appropriate corrective action within the time frame set forth on this Citation and Notification of Penalty. Please inform the district office listed on the Citation by submitting the Cal/OSHA 160 form with the abatement steps you have taken and the date the violation was abated, together with adequate supporting documentation, e.g., drawings or photographs of corrected conditions, purchase/work orders related to abatement actions, air sampling results, etc. The adjusted penalty for general violations has already been reduced by 50% on the presumption that the employer will correct the violations by the abatement date. The adjusted penalty for serious violations that have been abated, if any, has already been reduced by 50% because abatement of those violations has been completed.

The adjusted penalty for serious violations that have not been abated will be reduced by 50% if the Division of Occupational Safety and Health receives from you within 10 working days following the

abatement date a signed statement under penalty of perjury (Cal/OSHA form 161) and sufficient supporting evidence, when necessary to prove abatement, demonstrating abatement acceptable to the Division. If the Division does not receive the statement of abatement within 10 working days after the abatement date, the adjusted penalty will not be reduced by 50% - regardless of whether you appeal the serious citations.

**Note:** Return the Cal/OSHA 160/161 forms to the district office listed on the Citation and as shown below:

Division of Occupational Safety and Health  
Fremont District Office  
39141 Civic Center Drive, Suite 310  
Fremont, CA 94538  
Telephone: (510) 794-2521  
Fax: (510) 794-3889

## **EMPLOYEE RIGHTS**

**Employer Discrimination Unlawful** - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under Labor Code Section 6310 or 6311. An employee who believes that he/she has been discriminated against may file a complaint no later than six (6) months after the discrimination occurred with the Division of Labor Standards Enforcement.

**Employee Appeals** - An employee or authorized employee's representative may, within 15 working days of the issuance of a citation, special order, or order to take special action, appeal to the Occupational Safety and Health Appeals Board the reasonableness of the period of time fixed by the Division of Occupational Safety and Health (Division) for abatement. An employee appeal may be filed with the Appeals Board or with the Division. No particular format is necessary to initiate the appeal, but the notice of appeal must be in writing.

If an Employee Appeal is filed with the Division, the Division shall note on the face of the document the date of receipt, include any envelope or other proof of the date of mailing, and promptly transmit the document to the Appeals Board. The Division shall, no later than 10 working days from receipt of the Employee Appeal, file with the Appeals Board and serve on each party a clear and concise statement of the reasons why the abatement period prescribed by it is reasonable.

Employee Appeal Forms are available from the Appeals Board, or from a district office of the Division.

**Employees Participation in Informal Conference** - Affected employees or their representatives may notify the District Manager that they wish to attend the informal conference. If the employer objects, a separate informal conference will be held.

## **DISABILITY ACCOMMODATION**

Disability accommodation is available upon request. Any person with a disability requiring an accommodation, auxiliary aid or service, or a modification of policies or procedures to ensure effective communication and access to the programs of the Division of Occupational Safety and Health, should contact the Disability Accommodation Coordinator at the local district office or the Statewide Disability Accommodation Coordinator at 1-866-326-1616 (toll free). The Statewide Coordinator can also be reached through the California Relay Service, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY - Spanish).

Accommodations can include modifications of policies or procedures or provision of auxiliary aids or services. Accommodations include, but are not limited to, an Assistive Listening System (ALS), a Computer-Aided Transcription System or Communication Access Realtime Translation (CART), a sign-language interpreter, documents in Braille, large print or on computer disk, and audio cassette recording. Accommodation requests should be made as soon as possible. Requests for an ALS or CART should be made no later than five (5) days before the hearing or conference.

**State of California**  
Department of Industrial Relations  
Division of Occupational Safety and Health  
Fremont District Office  
39141 Civic Center Drive, Suite 310  
Fremont, CA 94538  
Phone: (510) 794-2521 Fax: (510) 794-3889

**Inspection #:** 1473260  
**Inspection Dates:** 04/24/2020 - 09/18/2020  
**Issuance Date:** 09/18/2020  
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**Optional Report #:** 012-20



## **Citation and Notification of Penalty**

**Company Name:** Fletcher Cove Holdings, LLC  
**Establishment DBA:** The Ridge Post-Acute  
and its successors  
**Inspection Site:** 1355 Clayton Rd.  
San Jose, CA 95127

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Citation 1 Item 1 Type of Violation: **General**

### **Title 8 Section 5199(g)(5). Respiratory Protection.**

#### **(g) Respiratory Protection.**

**(5) Medical evaluation:** The employer shall provide a medical evaluation, in accordance with Section 5144(e) of these orders, to determine the employee's ability to use a respirator before the employee is fit tested or required to use the respirator. For employees who use respirators solely for compliance with subsections (g)(3)(A) and (g)(3)(B), the alternate questionnaire in Appendix B may be used.

Prior to and during the course of the inspection, including, but not limited to, on April 24, 2020, the employer failed to ensure that their respirator users were provided with medical evaluations in accordance with Section 5144(e) of these orders, to determine the employee's ability to use a respirator before the employee is fit tested or required to use the respirator.

**Date By Which Violation Must be Abated:**

**October 05, 2020**

**Proposed Penalty:**

**\$550.00**

**State of California**  
Department of Industrial Relations  
Division of Occupational Safety and Health  
Fremont District Office  
39141 Civic Center Drive, Suite 310  
Fremont, CA 94538  
Phone: (510) 794-2521 Fax: (510) 794-3889

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Citation 2 Item 1 Type of Violation: **Serious**

### **Title 8 CCR Section 5199(c)(5). Aerosol Transmissible Diseases.**

#### **(c) Referring Employers.**

**(5) The employer shall establish, implement and maintain effective written procedures to reduce the risk of transmission of aerosol transmissible disease, to the extent feasible, during the period the person requiring referral is in the facility or is in contact with employees.**

**In addition to source control measures, these procedures shall include, to the extent feasible:**

**(A) placement of the person requiring referral in a separate room or area;**

**(B) provision of separate ventilation or filtration in the room or area; and**

**(C) employee use of respiratory protection when entering the room or area in which the person requiring referral is located, if that person is not compliant with source control measures. Respirator use shall meet the requirements of subsection (g) and Section 5144, Respiratory Protection, of these orders.**

Prior to and during the course of the inspection, including but not limited to April 24, 2020, the employer failed to establish, maintain, and effectively implement its Ridge Post-Acute Outbreak Management Plan and Ridge Post-Acute Infectious Disease Policy to include effective infection control procedures to reduce the risk of transmission of COVID-19 from infected patients when they remained in the facility.

**Date By Which Violation Must be Abated:**  
**Proposed Penalty:**

**Corrected During Inspection**  
**\$4950.00**

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Division of Occupational Safety and Health  
Fremont District Office  
39141 Civic Center Drive, Suite 310  
Fremont, CA 94538  
Phone: (510) 794-2521 Fax: (510) 794-3889

**Inspection #:** 1473260  
**Inspection Dates:** 04/24/2020 - 09/18/2020  
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### Citation and Notification of Penalty

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Citation 3 Item 1      Type of Violation: **Serious**

## **Title 8 CCR Section 5199(c)(7). Aerosol Transmissible Diseases.**

**(c) Referring Employers.** In facilities, services, or operations in which there is occupational exposure and which meet the criteria specified by (a)(3)(A), employers are only required to comply with the following provisions:

(7) Employers shall ensure that all employees with occupational exposure participate in a training program. Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter. Additional training shall be provided when there are changes in the workplace or when there are changes in procedures that could affect worker exposure to ATPs. The person conducting the training shall be knowledgeable in the subject matter covered by the training program as it relates to the workplace. Training material appropriate in content and vocabulary to the educational level, literacy, and language of employees shall be used. This training shall include:

**(A) A general explanation of ATDs including the signs and symptoms that require further medical evaluation;**

**(B) Screening methods and criteria for persons who require referral;**

**(C) The employer's source control measures and how these measures will be communicated to persons the employees contact;**

**(D) The employer's procedures for making referrals in accordance with subsection (c)(3);**

**(E) The employer's procedures for temporary risk reduction measures prior to transfer;**

**(F) Training in accordance with subsection (g) and Section 5144 of these orders, when respiratory protection is used;**



**(G) The employer's medical services procedures in accordance with subsection (h), the methods of reporting exposure incidents, and the employer's procedures for providing employees with post-exposure evaluation;**

**(H) Information on vaccines the employer will make available, including the seasonal influenza vaccine. For each vaccine, this information shall include the efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;**

**(I) How employees can access the employer's written procedures and how employees can participate in reviewing the effectiveness of the employer's procedures in accordance with subsection (c)(8); and**

**(J) An opportunity for interactive questions and answers with a person who is knowledgeable in the subject matter as it relates to the workplace that the training addresses and who is also knowledgeable in the employer's infection control procedures. Training not given in person shall provide for interactive questions to be answered within 24 hours by a knowledgeable person.**

Prior to and during the course of the inspection, including but not limited to, on April 24, 2020, the employer failed to provide effective training on its outbreak management plan and infectious disease policy for the employees of Santa Clara Valley Medical Center assigned to work at its facility, having exposure to COVID-19 suspect and confirmed patients.

**Date By Which Violation Must be Abated:**  
**Proposed Penalty:**

**Corrected During Inspection**  
**\$4950.00**

**State of California**  
Department of Industrial Relations  
Division of Occupational Safety and Health  
Fremont District Office  
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Citation 4 Item 1 Type of Violation: **Serious**

**Title 8 CCR Section 5199(g)(6)(A). Aerosol Transmissible Diseases.**

**(g) Respiratory Protection.**

**(6) Fit testing.**

**(A) The employer shall perform either quantitative or qualitative fit tests in accordance with the procedures outlined in Appendix A of Section 5144, Respiratory Protection, of these orders. The fit test shall be performed on the same size, make, model and style of respirator as the employee will use. When quantitative fit testing is performed, the employer shall not permit an employee to wear a filtering facepiece respirator or other half-facepiece respirator, unless a minimum fit factor of one hundred (100) is obtained. When fit testing single use respirators, a new respirator shall be used for each employee.**

Prior to and during the course of the inspection, including, but not limited to, on April 24, 2020, the employer failed to perform either quantitative or qualitative tests for employees required to wear filtering facepiece respirators in the workplace while exposed to COVID-19 cases and suspected cases, in accordance with the procedures outlined in Appendix A of Section 5144 of these orders.

**Date By Which Violation Must be Abated:**  
**Proposed Penalty:**

**Corrected During Inspection**  
**\$4950.00**

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Kelly Tatum  
Compliance Officer / District Manager



## NOTICE OF PROPOSED PENALTIES

**Company Name:** Fletcher Cove Holdings, LLC  
**Establishment DBA:** The Ridge Post-Acute  
and its successors  
**Inspection Site:** 1355 Clayton Rd., San Jose, CA 95127  
**Mailing Address:** 1355 Clayton Rd., San Jose, CA 95127  
**Issuance Date:** 09/18/2020  
**Reporting ID:** 0950612  
**CSHO ID:** J3808

### Summary of Penalties for Inspection Number 1473260

Citation 1 Item 1, General	\$550.00
Citation 2 Item 1, Serious	\$4950.00
Citation 3 Item 1, Serious	\$4950.00
Citation 4 Item 1, Serious	\$4950.00

<b>TOTAL PROPOSED PENALTIES:</b>	<b>\$15400.00</b>
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If you are paying electronically: Please have this form on-hand when you are ready to make your payment. The company name, reporting ID and Citation number(s) will be required to ensure that the payment is accurately posted to your account. Please go to: [www.dir.ca.gov/dosh/CalOSHA\\_PaymentOption.html](http://www.dir.ca.gov/dosh/CalOSHA_PaymentOption.html) to access the secure payment processing site. **Additionally, you must also mail the Penalty Remittance Form to the address below.**

If you are paying by check: Mail this Notice of Proposed Penalties, the Penalty Remittance Form, along with a copy of the Citation and Notification of Penalty to:

**DEPARTMENT OF INDUSTRIAL RELATIONS  
CAL/OSHA PENALTIES  
P. O. BOX 516547  
LOS ANGELES, CA 90051-0595**

Cal/OSHA does not agree to any restrictions, conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions or endorsements do not exist.

**DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH – CAL/OSHA  
Accounting Office - Cashiering Unit  
Phone (415) 703-4310 or (415) 703-4308**

**PENALTY REMITTANCE FORM**

<b>CIVIL PENALTY INFO</b>	<b>INSPECTION NO.:</b> 1473260	<b>REPORTING ID:</b> 0950612
<b>COMPANY NAME:</b>	Fletcher Cove Holdings, LLC	<b>FEIN/SEIN:</b> UNKNOWN
<b>ESTABLISHMENT DBA:</b>	The Ridge Post-Acute	
<b>CONTACT PERSON:</b>	Christian Marcheschi	
<b>PHONE NO.:</b>	(408) 251-3070	<b>FAX NO.:</b> UNKNOWN
<b>SITE ADDRESS:</b>	1355 Clayton Rd., San Jose, CA 95127	
<b>MAILING ADDRESS:</b>	1355 Clayton Rd., San Jose, CA 95127	

**CITATION INFORMATION:**

Penalties are due within 15 working days of receipt of this notification unless contested. If you are appealing any item of this Citation, remittance is still due on all items that are not appealed.

**PAYMENT INSTRUCTIONS:**

For check or money order: please make check or money order payable to Department of Industrial Relations. Write the inspection number and total amount enclosed on the payment coupon below and on the check or money order.

For credit card or EFT payment, go to: [www.dir.ca.gov/dosh/CalOSHA\\_PaymentOption.html](http://www.dir.ca.gov/dosh/CalOSHA_PaymentOption.html)

----- Detach here and return bottom portion with check or money order payment -----

**PAYMENT COUPON**



Inspection No.: 1473260

Amount Enclosed: \$ \_\_\_\_\_

**Mail payment to:**

For credit card or EFT payment, go to:  
[www.dir.ca.gov/dosh/CalOSHA\\_PaymentOption.html](http://www.dir.ca.gov/dosh/CalOSHA_PaymentOption.html)

DEPARTMENT OF INDUSTRIAL RELATIONS  
CAL/OSHA PENALTIES  
P.O. BOX 516547  
LOS ANGELES, CA 90051 -0595