

**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/09/2012** and conducted by Evaluator Todd Tryon

**PUBLIC****COMPLAINT CONTROL NUMBER: 23-SC-20121109123130**

<b>FACILITY NAME:</b>	GOLD AGE VILLA	<b>FACILITY NUMBER:</b>	315001818
<b>ADMINISTRATOR:</b>	OSELSKY, RAISA	<b>FACILITY TYPE:</b>	740
<b>ADDRESS:</b>	8100 HORSESHOE BAR ROAD	<b>TELEPHONE:</b>	(916) 652-0348
<b>CITY:</b>	LOOMIS	<b>STATE:</b>	95650
<b>CAPACITY:</b>	6	<b>CENSUS:</b>	2
		<b>UNANNOUNCED</b>	<b>DATE:</b>
			11/28/2012
<b>MET WITH:</b>	Raisa Oselsky	<b>TIME VISIT BEGAN:</b>	02:45 PM
		<b>TIME COMPLETED:</b>	03:30 PM

**ALLEGATION(S):**

- 1 Licensee failed to ensure safe food service that lead to clients being hospitalized and subsequently died.
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**INVESTIGATION FINDINGS:**

- 1 CCLD interviewed the licensee, caregivers, two residents, a neighbor, a representative of the Placer County
- 2 Health Department, and a representative of the Placer County Sheriff's Office. CCLD reviewed records
- 3 including those of the Placer County Sheriff's Office, the Placer County Health Department, facility staff and
- 4 resident records, and resident medical records. CCLD has determined that on November 6, 2012, caregiver
- 5 Lilia Tirdea prepared a gravy with mushrooms that she picked from the facility backyard, ate it as her dinner
- 6 meal, and spontaneously served it as an accompaniment to the dinner meal of five of the six residents in care
- 7 (see LIC 811 for resident names). The licensee was not present at the time and had no knowledge that the
- 8 mushrooms were served to the residents until the following day after residents began to fall ill and she called
- 9 Lilia Tirdea to discuss the food served the previous day due to her suspicion of food poisoning. CCLD
- 10 determined that Lilia Tirdea did not know that the mushrooms were poisonous and the subsequent poisoning of
- 11 the five residents and herself was accidental. CCLD further determined that the licensee, in accordance with
- 12 regulatory requirements and the facility plan of operation, trained Lilia Tirdea regarding food safety and further,
- 13 explicitly required that Lilia Tirdea only serve food purchased from a store to the residents.

**Unfounded****Estimated Days of Completion:****SUPERVISOR'S NAME:** MaryJo Tobola**TELEPHONE:** (916) 263-4723**LICENSING EVALUATOR NAME:** Todd Tryon**TELEPHONE:** (916) 263-4700**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 11/28/2012

I acknowledge receipt of this form and understand my appeal rights as explained and received.

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/28/2012

This report must be available at Child Care and Group Home facilities for public review for 3 years.

**COMPLAINT INVESTIGATION REPORT (Cont)**

**FACILITY NAME:** GOLD AGE VILLA

**FACILITY NUMBER:** 315001818

**VISIT DATE:** 11/28/2012

**NARRATIVE**

1 On November 6, 2012, Lilia Tirdea failed to apply these standards by serving foraged  
2 mushrooms to five of six residents in care. Residents #1, #2, #3 and #4 have subsequently  
3 died. Resident #5 has returned to the facility following hospital admission for treatment.  
4 Lilia Tirdea has not returned to work since the poisoning as she is also ill as a result of  
5 eating the mushrooms. CCLD determined, including through review of her employment  
6 history at other Residential Care Facilities for the Elderly, that there was no history or  
7 indication that Lilia Tirdea would not follow instructions or implement training instructions  
8 appropriately. The licensee is therefore not culpable for the actions of Lila Tirdea regarding  
9 the mushroom poisoning. The allegation is unfounded. However, the licensee and Lilia  
10 Tirdea are today served with an immediate lifetime exclusion prohibiting Lila Tirdea from  
11 presence or employment in any CCLD licensed facility.  
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**SUPERVISOR'S NAME:** MaryJo Tobola

**TELEPHONE:** (916) 263-4723

**LICENSING EVALUATOR NAME:** Todd Tryon

**TELEPHONE:** (916) 263-4700

**LICENSING EVALUATOR SIGNATURE:**



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