

# COMPLAINT FORM

This form is intended to document complaints received.

**PRIORITY**

Reported <input type="checkbox"/> In Person <input type="checkbox"/> By Letter or E-mail  <input type="checkbox"/> By FAX <input type="checkbox"/> By Phone	Complaint Number: <b>14-016U</b>  Type of Investigation: <b>UNLICENSED</b>  Type of Program: <b>UNLICENSED</b>		
Complainant Name: <b>DHCS Staff</b>	Provider License Number (If Applicable): <b>19-----U</b>		
Address:	Provider Legal Name: <b>Grasshopper House LLC</b>		
City:                      State:                      Zip:	Facility Name: <b>Passages</b>		
Telephone Number(s): (     )     -	Address(s): <b>6380 Meadows Court</b>		
E-mail:			
Complainant's Relationship to Provider: <b>C5</b>	City: <b>Malibu</b> Zip: <b>90265</b>		
C1 – Facility Resident(s)                      C2 – Facility Staff C3 – Neighbors                                      C4 – Relative/Friend C5 – Public/Gov. Agency                      C6 – Anonymous C7 – Former Resident                              C8 – Former Staff C9 – Other                                              *** - Unknown	County: <b>Los Angeles</b>		
	Contact Name: <b>Juniper Lusk</b>		
	Telephone Number: <b>(310) 589-2880</b>		
Complainant waives confidentiality of his/her name and name of any person named in complaint except provider clients. <input type="checkbox"/> YES <input type="checkbox"/> NO			
COMPLAINT RECORDED BY: <b>Amin</b>	DATE RECEIVED: <b>7/15/14</b>		
<b>COMPLETE FOR COUNSELOR MISCONDUCT COMPLAINTS</b>			
COUNSELOR NAME	CERTIFYING ORGANIZATION	CERTIFICATION (CERT) OR REGISTRATION (REG) NO.	EXPIRATION OR RENEWAL DATE
<b>COUNSELOR COMPLAINT (90-DAY) DUE DATE/(65-DAY) DUE DATE:</b>			
ALLEGATION (REGULATION / STANDARD)	NATURE OF COMPLAINT		
<b>10505(a)</b>	Program is providing licensable services.		
Note:	Program is licensed for this address (190283DP), however, Program has a separate adjacent building with the same address wherein licensable services are allegedly being provided.		
Note:	Complaint number 14-017U is also against Program for an unlicensed facility which is located near this one.		

**ASSIGNMENT INFORMATION**

ASSIGNED FIELD OPERATIONS ANALYST:	DATE COMPLAINT ASSIGNED: 8/24/14
ASSIGNED COMPLAINT ANALYST: J. STANDING HORSE	DATE INVESTIGATION WAS INITIATED: 9/1/14

**INVESTIGATION FINDINGS**

ALLEGATION (REGULATION / STANDARD)	RESULT	CLASS	ALLEGATION (REGULATION / STANDARD)	RESULT	CLASS
10505(a)	NOT SUBSTANTIATED	N/A			

**COUNSELOR MISCONDUCT COMPLAINT FINDINGS**

ALLEGATION	RESULT	ORDER

**FOLLOW-UP INVESTIGATION**

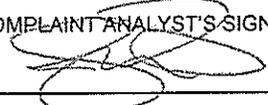
RECOMMENDED CATEGORY OF FOLLOW-UP:

FOLLOW-UP VIOLATION (S)	RESULTS	CLASS	FOLLOW-UP VIOLATION (S)	RESULTS	CLASS

**CLOSURE INFORMATION**

INVESTIGATION COMPLETED BY:	DATE OF INITIAL SITE VISIT: 9/18/14
DATE REVIEW WAS COMPLETED: 12/2/14	DATE OF FINAL REPORT: 12/3/14
TOTAL FINES ASSESSED: N/A	DATE CLOSED: 12/16/14

**COMMENTS**

COMPLAINT ANALYST'S SIGNATURE: 	DATE: 12/16/14	SUPERVISOR'S SIGNATURE: 	DATE: 12.16.14
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TOBY DOUGLAS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

December 03, 2014

KATHERINE RIVES  
PASSAGES – SEAVIEW GUEST HOUSE  
6447 SYCAMORE MEADOWS  
MALIBU, CA 90265

Ms. Rives :

INVESTIGATIVE SUMMARY

Please find enclosed the Program Investigative Report resulting from a complaint investigation regarding Passages Vista House – Guest House, located at 6380 Meadows Court, Malibu, CA 90625.

Please sign and date each page of the report, keep a copy of the report for your records, and return the originals within 30 days of the date of this letter to:

Department of Health Care Services  
Mental Health and Substance Use Disorder Services  
Substance Use Disorder Compliance Division  
Complaints and Counselor Certification Branch  
ATTENTION: Joshua Standing Horse  
1700 K Street – MS 2601  
Sacramento, California 95899-7413

Thank you for your cooperation in this matter. If you have any questions, please contact Joshua Standing Horse at (916) 323-1126 or e-mail him at [joshua.standinghorse@dhcs.ca.gov](mailto:joshua.standinghorse@dhcs.ca.gov).

Sincerely,

Nicolé Nicholson  
Complaint Supervisor  
Substance Use Disorder Compliance Division

Enclosure

**PROGRAM INVESTIGATIVE REPORT**

PROGRAM/FACILITY ID NUMBER: 19-----U	PROGRAM/FACILITY NAME: Passages Vista House – Guest House	COMPLAINT INVESTIGATION NUMBER: 14-016U
REFERENCES: (1) Health and Safety Code Section 11834.01 and California Code of Regulations (CCR), Title 9, Section 10502. Departmental Authority to License. (2) Health and Human Services Agency, Department of Health Care Services, Alcohol and/or Other Drug Program Certification Standards.		

PROGRAM/FACILITY LEGAL NAME: Passages Vista House – Guest House	REPORT DATE: 12/1/2014
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ADDRESS (Street, City and Zip):  
6380 Meadows Ct, Malibu, CA 90265

<b>TYPE OF INVESTIGATION:</b> <input checked="" type="checkbox"/> COMPLAINT <input type="checkbox"/> FOLLOW-UP <input checked="" type="checkbox"/> UNLICENSED <input type="checkbox"/> DEATH <input type="checkbox"/> COUNSELOR MISCONDUCT – The Counselor Investigative Report may be referenced.	<b>TYPE OF PROGRAM/FACILITY: (Please check all that applies)</b> <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NONRESIDENTIAL <input type="checkbox"/> DETOXIFICATION <input type="checkbox"/> NTP <input type="checkbox"/> DUI <input checked="" type="checkbox"/> AOD LICENSED <input type="checkbox"/> DMC CERTIFIED <input type="checkbox"/> ADOLESCENT <input type="checkbox"/> PERINATAL <input type="checkbox"/> AOD CERTIFIED <input type="checkbox"/> COUNTY OPERATED <input type="checkbox"/> CDCR AFTER CARE PROGRAM
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**THE FOLLOWING INVESTIGATIVE REPORT IS BEING ISSUED AS A RESULT OF THE INVESTIGATION:**

- NO DEFICIENCY (Licensed and/or Certified Programs)
- NOTICE OF DEFICIENCY (Licensed and/or Certified Programs)
- DEATH INVESTIGATION (Licensed and/or Certified Programs)
- CERTIFICATION (Certified Only Programs)
- NOTICE OF OPERATION IN VIOLATION OF LAW (Unlicensed Programs)

The investigation was conducted in accordance with *California Code of Regulations (CCR), Title 9, Chapter 5*, and/or the *Alcohol and/or Other Drug Program Certification Standards* which may include the following: inspection of the program premises, review of program policies, procedures, staff and resident file(s), and the interview of residents and staff. In addition, the complaint analyst shall notify the licensed and/or certified program/facility director or his/her designee of the allegation(s) during the exit conference. (The DHSC 9080, Detail Supportive Information form and DHSC 7025, Confidential Names form may be referenced.)

<i>Nicolé Nicholson</i>	12-02-14		12/2/14
COMPLAINT SUPERVISOR SIGNATURE	DATE	SECTION CHIEF SIGNATURE	DATE
Nicolé Nicholson		Janelle Ito-Orille	
TELEPHONE: (916) 323-1874		TELEPHONE: (916) 327-5693	

I HAVE READ THE PROGRAM INVESTIGATIVE REPORT AND I UNDERSTAND MY APPEAL RIGHTS.	TELEPHONE NUMBER:
<i>Passages</i> <i>KATHERINE RIVER</i>	310 589-2880
PROGRAM/FACILITY REPRESENTATIVE	EXTN: 1107
<i>12/8/14</i>	
DATE	
Please sign above, initial any following pages and return the original to DHCS.	

**PROGRAM INVESTIGATIVE REPORT**

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**ALLEGATION AND FINDING**

ALLEGATION	FINDING
a. Program is providing licensable services in an unlicensed facility.	Not Substantiated

**INVESTIGATION SUMMARY**

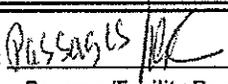
Chief Marlies Perez, Supervisor Nicolé Nicholson, Supervisor Steve Leighton and Complaint Analyst Joshua Standing Horse (hereinafter referred to as DHCS) made an unannounced complaint visit to Passages (Program) on September 18, 2014 to investigate complaint number 14-016U. Present during the course of the investigation were Passages’ Quality Improvement Manager Bethany Buller (Bethany Buller), and Passages’ Executive Assistant Stephanie Gibson (Stephanie Gibson).

DHCS was given a tour of the Program’s facility and were given a walkthrough of the following addresses in the following order:

- 6428 Meadows Ct – Main House 190283AP Passages
- 6447 Sycamore Meadows (Sea View) – Detox & Med station 190283FP Passages
- 6447 Sycamore Meadows (Sea View Guest House) – Therapy only (14-017U)
- 6439 Sycamore Meadows (Sycamore Guest House) – 190516AP Passages East
- 6439 Sycamore Meadows (Sycamore House) – 190283CP Passages C
- 6428 Meadows Ct – Guest House 190516BP Passages Northeast
- 6390 Meadows Ct (Clearview) – 190650AP Passages 8
- 6390 Meadows Ct (Clearview Guest House) – 190652AP Passages 9
- 6380 Meadows Ct (Vista House) (14-016U) – 190238DP Passages Vista House

DHCS started the walkthrough at Passages Main House (or Passages as it is referred to on its license, #190283AP), located at 6428 Meadows Ct, where DHCS was introduced to Stephanie Gibson. The license for #190283AP was properly posted in a conspicuous place in the facility and the Program was not operating outside of its license at this particular location.

From the Main House DHCS was led to Seaview (or Passages as it is referred to on its license, #190283FP), which is located at 6447 Sycamore Meadows (Seaview). The license for #190283FP was properly posted in a conspicuous place in the facility and the Program was not operating outside of its license at this particular location. Seaview has a guest house that contains three offices which are used for therapy sessions. This was confirmed via e-mail from Director of Property Management Ali Shojapour which states, “6447 Sycamore Meadows Guest House is used for therapy sessions; in general, sessions are held Monday-Friday, between the times of 9:30am and 5:20pm.” This was clarified by Bethany Buller on October 14, 2014 via e-mail in which Bethany Buller states that “6447 is the Seaview Guest House and

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. PLEASE INITIAL HERE: 	PAGE: 2 of 4
Program/Facility Representative	

**PROGRAM INVESTIGATIVE REPORT**

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REFERENCES: (1) Health and Safety Code Section 11834.01 and California Code of Regulations (CCR), Title 9, Section 10502. Departmental Authority to License. (2) Health and Human Services Agency, Department of Health Care Services, Alcohol and/or Other Drug Program Certification Standards.		

the three therapists that have offices there work from 10:30am-5:20pm Monday through Friday.” Seaview Guest House is not licensed nor certified, nor is it part of license #190283FP.

Upon completion of the walk-through of Seaview and Seaview Guest House, DHCS was led to the Sycamore House and Sycamore House Guest House (or Passages C and Passages East on their licenses, #190516AP and #190283CP respectively), which are located at 6439 Sycamore Meadows and 6439 B Sycamore Meadows. The licenses for #190516AP and #190283CP were properly posted in a conspicuous place in the facility and the Program was not operating outside of its licenses at these two particular locations.

DHCS was then led to the guest house of Passages Main House (Passages Northeast, as it is called on its license, #190516BP), located at 6428 – B Meadows Ct. DHCS did locate the license for #190516BP which was properly posted in a conspicuous place in the facility and the Program was not operating outside of its license.

At the next house Stephanie Gibson left the walkthrough and Bethany Buller took over. DHCS was given a walkthrough of the Clearview House and guest house (or Passages 8 and Passages 9 on their licenses, #190650AP and #190652AP respectively), located at 6390 Meadows Ct. DHCS viewed the licenses #190650AP and #190652AP, which were properly posted in a conspicuous place in their respected facility and the Program was not operating outside of its licenses at these two particular locations.

The walk-through concluded with the Vista House or Passages Vista House (#190283DP) located at 6380 Meadows Ct. DHCS performed a walkthrough of the Vista House. According to the license, the capacity at Vista House is six and DHCS observed six beds. DHCS did observe the license to Vista House, #190283DP, posted in a conspicuous place within the facility and the Program was not operating outside of its license.

Upon completion of the walkthrough, Complaint Analyst Standing Horse (CA Standing Horse) and Supervisor Nicolé Nicholson met with Director of Property Management for Passages Ali Shojapour (Ali Shojapour) regarding the polyvinyl chloride (PVC) pipe/rainwater drainage system that was installed by Passages. Ali Shojapour said, via e-mail on September 25, 2014: “Regarding the rain water, as you are aware, Passages sits on a graded terrain below a hillside. From our best understanding, water finds it [sic] way through the hillside slope above Passages, and accumulates on our property. Years ago, a permitted [sic] concrete channel was constructed by a homeowner on Meadows Ct; the owners hillside had failed, and the channel was part of a constructive effort to avoid futher [sic] damages. The PVC pipe was installed, on the channel, to deter tree leaves and loose debris.”

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. PLEASE INITIAL HERE: <u>Passages / [Signature]</u>	PAGE: 3 of 4
Program/Facility Representative	

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PROGRAM/FACILITY ID NUMBER: 19-----U	PROGRAM/FACILITY NAME: Passages Vista House – Guest House	COMPLAINT INVESTIGATION NUMBER: 14-016U
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(2) Health and Human Services Agency, Department of Health Care Services, Alcohol and/or Other Drug Program Certification Standards.

**DESCRIPTION OF THE ALLEGATION:**  
Program is providing licensable services in an unlicensed facility.

**FINDING:**  
Not Substantiated

**REGULATORY AND/OR CERTIFICATION STANDARD REQUIREMENT:**  
**California Code of Regulations (CCR), Title 9, Chapter 5, Section 10505(a), Requirement for Licensure**, states: "Except for facilities operated by a State agency, no person, firm, partnership, association, corporation, county, city, public agency or other governmental entity shall operate, establish, manage, conduct, or maintain a facility which provides 24-hour non-medical, residential, alcoholism or drug abuse recovery or treatment services to adults without first obtaining a current, valid license from the Department."

**SUMMARY:**  
a. On September 18, 2014, DHCS made an unannounced visit to the Program located in Malibu, CA. DHCS performed a walk-through of the Program, which included nine separate structures. CA Standing Horse completed the investigation in-house.

The walk-through concluded with the Vista House or Passages Vista House. The Vista House also has a guest house, wherein lies the complaint. DHCS performed a walkthrough of the Vista House. According to the license, the capacity at Vista House is six and DHCS observed six beds. While touring the upstairs portion of the facility, a client did mention to Bethany Buller that the Client's room was experiencing an ant problem, however, DHCS did not observe an ant problem while on-site.

Upon completion of the Vista House walk-through, DHCS was not given a walkthrough of Vista House's guest house. The Program stated to DHCS while on-site and which was confirmed via e-mail from Ali Shojapour, that the guesthouse is leased to a doctor. Bethany Buller reconfirmed the lease of the guest house on October 13, 2014 stating that the "Vista House Guest House is currently used as an MD office. The MD leases the guest house from Passages. The MD is contracted with separately from Passages by the clients if they choose to use her. Any Passages clients choosing to contract with the MD meet with her in the guest house."

The result of the investigation does not substantiate the allegation that the Program is providing licensable services at Passages Vista House - Guest House.

**NO DEFICIENCY – No corrective action necessary.**

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. PLEASE INITIAL HERE: <u>Passages</u> <u>[Signature]</u>	PAGE: 4 of 4
Program/Facility Representative	