

(c) (1) Upon receipt of a complaint, other than a complaint alleging denial of a statutory right of access to a residential care facility for the elderly, the department shall make a preliminary review and, unless the department determines that the complaint is willfully intended to harass a licensee or is without any reasonable basis, it shall make an onsite inspection within 10 days after receiving the complaint except where the visit would adversely affect the licensing investigation or the investigation of other agencies, including, but not limited to, law enforcement agencies. In either event, the complainant shall be promptly informed of the department's proposed course of action.

(2) If a local long-term care ombudsman or the State Long-Term Care Ombudsman files a complaint alleging denial of a statutory right of access to a residential care facility for the elderly under Section 9722 of the Welfare and Institutions Code, the department shall give priority to the complaint pursuant to Section 9721 of the Welfare and Institutions Code and notify the Office of the State Long-Term Care Ombudsman that an investigation has been initiated pursuant to this section.

(3) Prior to conducting an onsite investigation pursuant to this section, the department shall make a good faith effort, documented in writing, to contact and interview the complainant and inform the complainant of the department's proposed course of action and the relevant deadline for the department to complete its investigation. To the extent practicable, the officer, employee, or agent of the department who will conduct the investigation shall be the representative who interviews and makes contact with the complainant.

~~(d) When conducting an investigation pursuant to this section, the department shall consult with and, to the extent practicable, coordinate its investigation of a residential care facility for the elderly with the investigation of the facility by other agencies, including, but not limited to, the Office of the State Long Term Care Ombudsman and law enforcement agencies.~~

~~(e) (d) Within 10 business days of completing the investigation of a complaint under this section, the department shall notify the complainant in writing of the department's determination as a result of the investigation and of the complainant's right to appeal the findings. The written notice shall describe the appeal process provided for under subdivisions (f) and (g) and include a copy of any reports and documents describing violations and enforcement actions resulting from the investigation.~~

~~(f) A complainant who is dissatisfied with the department's investigation, findings, or enforcement actions resulting from the investigation may file an appeal by notifying the program manager of the officer, employee, or agent of the department conducting the investigation in writing within 15 business days after receiving the notice described in subdivision (e). The program manager shall schedule a meeting or teleconference with the complainant within 30 business days of receiving an appeal. The program manager shall carefully review the concerns, information, and evidence presented by the complainant to determine whether the department's findings or actions should be modified or whether further investigation is necessary. Within 10 business days after conducting the meeting or teleconference with the complainant, the program manager shall notify the complainant in writing of the department's determinations and actions concerning the appeal and of the appeal rights provided in subdivision (g).~~

~~(g) If a complainant is dissatisfied with the program manager's determination on an appeal pursuant to subdivision (f), the complainant may, within 15 business days after receipt of this determination, file an appeal in writing with the Quality Assurance Unit of the Community Care Licensing Division. Within 30 business days of receiving an appeal, a representative of the Quality Assurance Unit shall interview the complainant, consider any information presented or submitted by the complainant, and review the complaint record to determine whether the department's findings or actions should be modified or whether further investigation is necessary. No later than 10 business days after completing this review, the deputy director of the Community Care Licensing Division shall notify the complainant in writing of the department's determinations and actions concerning the appeal.~~

~~(h) A complainant may be assisted or represented by any person of his or her choice in the appeal processes described in this section.~~

SEC. 5. Section 1569.49 of the Health and Safety Code, as added by Section 6 of Chapter 813 of the Statutes of 2014, is amended to read:

1569.49. (a) In addition to the suspension, temporary suspension, or revocation of a license issued under this chapter, the department may levy a civil penalty.