

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197605820
Report Date: 07/13/2021
Date Signed: 07/13/2021 11:55:30 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME: SUNRISE OF WESTLAKE VILLAGE	FACILITY NUMBER: 197605820
ADMINISTRATOR: HOWELL, ZACHARY	FACILITY TYPE: 740
ADDRESS: 3101 TOWNSGATE RD	TELEPHONE: (805) 557-1100
CITY: WESTLAKE VILLAGE	STATE: CA
CAPACITY: 124	ZIP CODE: 91361
TYPE OF VISIT: Case Management - Incident	CENSUS: 63
MET WITH: Becky Buck and Zak Howell	DATE: 07/13/2021
	UNANNOUNCED TIME BEGAN: 10:30 AM
	TIME COMPLETED: 12:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Ashley Smith arrived at 10:30 a.m. for an unannounced Case
2	Management visit to the facility today in response to an incident communicated to the Department on
3	July 8, 2021. The LPA met with Becky Buck and Zak Howell and explained the reason for the visit.
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5	On July 8, 2021, the LPA received a call from Executive Director Zak Howell regarding an incident
6	involving Resident #1 (R1). At that time, the LPA requested and received pertinent documents from the
7	Executive Director. During today's visit, the LPA interviewed staff at 10:37 a.m. and 11:41 a.m., and
8	spoke with Resident #1 (R1) at 11:10 a.m.
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10	Further investigation is required at this time.
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12	No deficiencies cited at this time. Exit interview conducted. A copy of the report was issued.
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NAME OF LICENSING PROGRAM MANAGER: Jeralyn Ann Pfannenstiel NAME OF LICENSING PROGRAM ANALYST: Ashley Smith
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/13/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/13/2021

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