

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

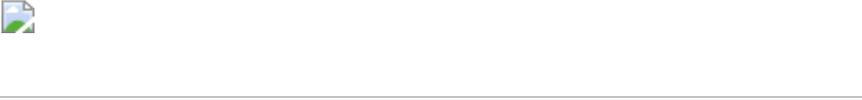
Facility Number: 197607372
Report Date: 02/25/2022
Date Signed: 02/25/2022 11:16:24 AM

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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: OAKVIEW	FACILITY NUMBER: 197607372
ADMINISTRATOR: JEANNETTE RUGGIERO	FACILITY TYPE: 740
ADDRESS: 3557 CAMPUS DR.	TELEPHONE: (805) 241-2000
CITY: THOUSAND OAKS	STATE: CA ZIP CODE: 91360
CAPACITY: 63	CENSUS: 40 DATE: 02/25/2022
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 09:35 AM
MET WITH: Jeannette Ruggiero	TIME COMPLETED: 11:20 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Ashley Smith arrived unannounced to conduct a required annual visit,
2	which has an emphasis on infection control practices and procedures. The LPA met with Executive
3	Director Jeannette Ruggiero and informed them of the reason for the visit.
4	
5	The LPA, along with staff, toured the physical plant areas inside and outside to ensure there are no
6	health and safety hazards and community is in compliance with Title 22 Regulations.
7	
8	The facility is a two-story building; units are designated for assisted living residents on the first and
9	second floor, and a separate unit on the first floor is designated for dementia residents (The Gardens).
10	Upon entry to the campus, there is a central entry point at the gate for symptom screening and
11	temperature checks for residents, staff, and visitors. Staff were observed wearing appropriate face
12	coverings throughout the visit.
13	
14	Throughout today's visit, the LPA observed appropriate signs in common areas that promoted hand
15	hygiene, physical distancing, and cough/sneeze etiquette. Common areas included the dining rooms,
16	library, activity rooms, beauty salon, and living rooms. In addition, the LPA observed hands-free hand
17	sanitizer interspersed throughout the common grounds. All indoor and outdoor passages were clean and
18	free of obstruction.
19	
20	During today's visit, the LPA spoke with the Executive Director regarding the community's infection
21	control practices. The community has an adequate supply of Personal Protection Equipment (PPE) and
22	is able to obtain additional supplies. The community's cleaning protocol is sufficient. The Executive
23	Director sends out communication regarding the community's infection control practices and generalized
24	updates via mass voice messaging, emails, texts and/or newsletters to residents and next-of-kin as
25	needed. This facility has records of staff and resident vaccinations. If needed, the facility has the
	capacity to designate isolation zones if there is a confirmed case of COVID-19. Staff are up to date
	regarding guidelines pertaining to visitation and vaccine requirements. The community's policies and
	procedures pertaining to infection control were adequate.
	No deficiencies cited at this time. Exit interview conducted. A copy of the report was issued.

NAME OF LICENSING PROGRAM MANAGER: Jeralyn Ann Pfannenstiel
NAME OF LICENSING PROGRAM ANALYST: Ashley Smith
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 02/25/2022

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 02/25/2022

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