

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

**Facility Number:** 197608998  
**Report Date:** 08/04/2022  
**Date Signed:** 08/04/2022 01:03:45 PM

**Document Has Been Signed on 08/04/2022 01:03 PM - It Cannot Be Edited**

|                                                        |                                                                                                                                                                     |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>CCLD Regional Office, 21731 VENTURA BLVD.,<br>STE. 250<br>WOODLAND HILLS, CA 91364 |
| <b>FACILITY EVALUATION REPORT</b>                      |                                                                                                                                                                     |

|                                                       |                            |
|-------------------------------------------------------|----------------------------|
| FACILITY NAME: CANYON TRAILS AT TOPANGA SENIOR LIVING | FACILITY NUMBER: 197608998 |
| ADMINISTRATOR: SUSAN WEISBARTH                        | FACILITY TYPE: 740         |
| ADDRESS: 7945 TOPANGA CANYON BLVD                     | TELEPHONE: (818) 716-9900  |
| CITY: CANOGA PARK STATE: CA                           | ZIP CODE: 91304            |
| CAPACITY: 120 CENSUS: 93                              | DATE: 08/04/2022           |
| TYPE OF VISIT: Case Management - COVID-19 ANNOUNCED   | TIME BEGAN: 10:55 AM       |
| MET WITH: Susan Weisbarth                             | TIME COMPLETED: 01:10 PM   |

| NARRATIVE |                                                                                                              |
|-----------|--------------------------------------------------------------------------------------------------------------|
| 1         | At 10:55 a.m. on 08/04/2022 Licensing Program Analyst (LPA) Nicholas Reed conducted a Technical              |
| 2         | Assistance visit with Public Health employees Brenna De Leon and Jolene Thoreson. LPA met with               |
| 3         | Executive Director Susan Weisbarth and Head Nurse Liliana Solorzano and disclosed the reason for the         |
| 4         | visit. Public Health employees, LPA, and Executive Director toured the facility inside and out.              |
| 5         |                                                                                                              |
| 6         | Census:93                                                                                                    |
| 7         |                                                                                                              |
| 8         | 53 residents total in Memory Care                                                                            |
| 9         |                                                                                                              |
| 10        | 23 positive residents in Memory Care.                                                                        |
| 11        |                                                                                                              |
| 12        | Entry: Entry signs were modified during the visit to include the date of the initial outbreak. Facility also |
| 13        | posted signs for social distancing and masking requirement.                                                  |
| 14        |                                                                                                              |
| 15        | Screening: LPA was screened for symptoms of COVID-19 upon entry. The facility records temperature,           |
| 16        | symptoms, and proof of vaccination on the visitor sign-in sheets. Facility uses a standing digital           |
| 17        | thermometer to record temperature.                                                                           |
| 18        |                                                                                                              |
| 19        | Laundry: Facility has 3 laundry areas. 1 is designated for positive COVID residents in memory care. Red      |
| 20        | zone indicated on designated laundry room. Assisted Living has separate laundry rooms.                       |
| 21        |                                                                                                              |
| 22        | Kitchen: All staff were observed wearing KN95 masks. Handwashing signs posted. Cutlery and utensils          |
| 23        | are all disposable.                                                                                          |
| 24        |                                                                                                              |
| 25        | Staff: Facility is fully staffed. Memory Care staff take breaks in cohorts separate from all other           |
|           | employees.                                                                                                   |
|           | Elevators: Signs posted for maximum occupancy - 2 people.                                                    |

**NAME OF LICENSING PROGRAM MANAGER:** Cassandra Harris

**NAME OF LICENSING PROGRAM ANALYST:** Nicholas Reed

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/04/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/04/2022

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

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**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** CANYON TRAILS AT TOPANGA SENIOR LIVING

**FACILITY NUMBER:** 197608998

**VISIT DATE:** 08/04/2022

**NARRATIVE**

1 Licensee has notified all POAs and family members of the outbreak. Licensee has worked with a  
2 consultant to adjust the facility's COVID protocols.  
3  
4 Memory Care Unit: 2 residents were observed walking in the memory care hallways without a mask.  
5 Staff immediately redirected the residents. Bins with PPE placed outside of positive resident rooms.  
6 Sanitizer stored elsewhere due to residents with impulse control. When a positive case presents in a  
7 shared room, the roommate isolates with the positive case.  
8  
9 Public Health suggestions: Sign at front indicating current outbreak must include the date of initial  
10 outbreak (fixed during visit). All visitors must provide proof of a negative COVID test within the past 48  
11 hours to enter. Full vaccination is insignificant during an outbreak as everyone can be a carrier. Fans  
12 should be set to ON always to circulate air. Stagnant air increases likelihood of transmission. Purple  
13 signs showing Novel Respiratory Precautions to be placed throughout the facility. Different color gowns  
14 suggested for infected and clean areas.  
15  
16 Facility purchased additional contactless trash cans with tight fitting lids during visit. Facility also placed  
17 purple signs for Novel Respiratory Precautions throughout.  
18  
19 During today's inspection, the facility is in compliance with Title 22 regulations. No citations issued.  
20  
21 Exit interview conducted. Copy of report provided.  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32

**NAME OF LICENSING PROGRAM MANAGER:** Cassandra Harris

**NAME OF LICENSING PROGRAM ANALYST:** Nicholas Reed

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 08/04/2022

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