

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609496
Report Date: 08/27/2021
Date Signed: 08/27/2021 10:06:07 AM

Document Has Been Signed on 08/27/2021 10:06 AM - It Cannot Be Edited

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

FACILITY NAME: ENCINO TERRACE SENIOR LIVING	FACILITY NUMBER: 197609496
ADMINISTRATOR: ARTEAGA, IRMA	FACILITY TYPE: 740
ADDRESS: 16025 VENTURA BLVD	TELEPHONE: (818) 986-8466
CITY: ENCINO	STATE: CA
CAPACITY: 85	ZIP CODE: 91436
TYPE OF VISIT: Case Management - Incident	CENSUS: DATE: 08/27/2021
MET WITH: Irina Konyavko/ Resident Service Director	UNANNOUNCED TIME BEGAN: 08:47 AM
	TIME COMPLETED: 10:20 AM

NARRATIVE	
1	Licensing Program Analyst (LPA), Patrick Shanahan, arrived at the facility in response to an Incident
2	report received in the Community Care Licensing (CCL) office on 8/17/2021. Upon arrival at the facility,
3	staff took the LPA's temperature and documented the results.
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5	The incident report received, indicated a fall that occurred on 8/1/2021. The resident (R1) in question,
6	was inspected by the facility nurse and checked for any abrasions, bruises, or injuries. The facility had
7	made internal documentation of the fall and since there was no reported injury, the facility did not deem
8	the fall as an unusual incident and therefore did not submit an incident report. R1's responsible party
9	and primary physician were notified of the fall. On 8/8/21, when R1 did mention that R1 was
10	experiencing pain, an unusual incident report was submitted to CCL, timely.
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12	At 8:15 am, the LPA spoke with the Resident Service Director, who is also a Licensed Nurse, and
13	requested that all falls not only be documented at the facility, but an incident report be submitted to CCL
14	as well.
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18	No deficiencies cited during this visit. Exit interview conducted and report issued.
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NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST: Patrick Shanahan

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/27/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/27/2021

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