

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609518
Report Date: 04/27/2021
Date Signed: 04/27/2021 04:15:19 PM

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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: BELMONT VILLAGE CALABASAS | FACILITY NUMBER: 197609518 |
| ADMINISTRATOR: NELSON, NANCY | FACILITY TYPE: 740 |
| ADDRESS: 24141 VENTURA BLVD | TELEPHONE: (818) 222-2600 |
| CITY: CALABASAS | STATE: CA |
| CAPACITY: 165 | ZIP CODE: 91302 |
| TYPE OF VISIT: Case Management - Incident | CENSUS: 104 |
| MET WITH: Nancy Nelson | DATE: 04/27/2021 |
| | UNANNOUNCED TIME BEGAN: 01:20 PM |
| | TIME COMPLETED: 02:30 PM |

| NARRATIVE | |
|-----------|---|
| 1 | Licensing Program Analyst (LPA) Ashley Smith conducted an unannounced Case Management - |
| 2 | Incident visit at the facility today to follow up on an incident pertaining to Resident #1 (R1). The LPA met |
| 3 | with Executive Director Nancy Nelson and explained the reason for the visit. On 4/9/2021, the LPA |
| 4 | received a call from the Executive Director, whom reported an elopement. On 4/8/2021 at approximately |
| 5 | 7:20am, R1 was noted to be absent from their assisted living apartment. The facility contacted R1's |
| 6 | responsible party and local law enforcement. At 9:40am, R1 was found uphill outside of the community, |
| 7 | approximately half a block away from the building. R1 was observed to have sustained scratches to their |
| 8 | legs. Per interviews and records review, the length of time in which R1 was away from the community |
| 9 | was between 2-3 hours. R1 was taken to the hospital and admitted for examination. R1 returned to the |
| 10 | community on 4/13/2021. |
| 11 | |
| 12 | Prior to the on-site visit, the LPA obtained copies of R1's physician's report, R1's appraisal dated |
| 13 | 3/1/2021, and the appraisal completed after the incident dated 4/16/2021. During today's visit, the LPA |
| 14 | spoke with the Executive Director, reviewed documents, and observed the location in which R1 was |
| 15 | found. |
| 16 | |
| 17 | Based on interviews and records review, R1's physician's report dated 3/12/21 confirmed that R1 is not |
| 18 | able to leave the facility unassisted. Interviews confirmed that although the community has twenty-four- |
| 19 | hour concierge service, it is assumed that R1 left the facility through the front door, unbeknownst to staff. |
| 20 | The facility is not equipped with Wanderguard, yet there are alarms on the door to alert staff. Although |
| 21 | the doors were secure at that time, it is assumed that R1 left the building when another staff person |
| 22 | came on shift. Since the incident, R1 has been reassessed and is now residing in the secured Memory |
| 23 | Care Unit. |
| 24 | |
| 25 | Pursuant to Title 22 Division 6 Chapter 8 of the CA Code of Regulations, the following deficiencies were |
| | cited (refer to LIC 809-D). Exit interview conducted, today's reports and appeal rights were reviewed and |
| | issued via email. Signatures were obtained. |

| |
|--|
| NAME OF LICENSING PROGRAM MANAGER: Jeralyn Ann Pfannenstiel NAME OF LICENSING PROGRAM ANALYST: Ashley Smith |
|--|

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/27/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/27/2021

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

LIC809 (FAS) - (06/04)

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Created By: Ashley Smith On 04/27/2021 at 01:42 PM

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

FACILITY NAME: BELMONT VILLAGE CALABASAS

FACILITY NUMBER: 197609518

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/27/2021

| Deficiency Type POC Due Date / Section Number | DEFICIENCIES | PLAN OF CORRECTIONS(POCs) | |
|---|---|--------------------------------------|--|
| Type A 04/27/2021 Section Cited | 1 Basic Services. (f) Basic services 2 shall at a minimum include: (1) Care 3 and supervision as defined in Section 4 87101(c)(3) and Health and Safety 5 Code section 1569.2(c). 6 This requirement is not met as 7 evidenced by: | | |
| | 8 Based on interview and records 9 review, the licensee did not comply 10 with the section cited above, as the 11 facility failed to ensure that R1 did 12 not leave the facility unassisted per 13 the physician report, which poses an 14 immediate health and safety risk to residents in care. | 8 9 10 11 12 13 14 | |
| | 1 2 3 4 5 6 7 | | |
| | 1 2 3 4 5 6 7 | | |

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

| | |
|---------------------------|--------------------------|
| SUPERVISOR'S NAME: | Jeralyn Ann Pfannenstiel |
| LICENSING EVALUATOR NAME: | Ashley Smith |

LICENSING EVALUATOR SIGNATURE:



DATE: 04/27/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/27/2021