

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 197609632  
**Report Date:** 05/26/2022  
**Date Signed:** 05/26/2022 09:34:40 AM

**Document Has Been Signed on 05/26/2022 09:34 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. #250 WOODLAND HILLS, CA 91364
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: RESERVE AT THOUSAND OAKS, THE	FACILITY NUMBER: 197609632
ADMINISTRATOR: SPENCER, ELIZABETH	FACILITY TYPE: 740
ADDRESS: 3575 N. MOORPARK ROAD	TELEPHONE: (805) 492-2471
CITY: THOUSAND OAKS	STATE: CA
CAPACITY: 170	ZIP CODE: 91360
TYPE OF VISIT: Case Management - Incident	CENSUS: 150
MET WITH: Prisila Bustos	DATE: 05/26/2022
	UNANNOUNCED TIME BEGAN: 08:45 AM
	TIME COMPLETED: 09:35 AM

**NARRATIVE**

1	Licensing Program Analyst (LPA) Ashley Smith conducted an unannounced Case Management -
2	Incident visit. The LPA met with Assisted Living Director Prisila Bustos and explained the reason for the
3	visit. Executive Director Elizabeth Spencer was out of the community at the time of the visit.
4	
5	On 5/25/2022, the facility submitted a Report of Suspected Dependent Adult/Elder Abuse and a Special
6	Incident Report regarding an alleged violation of personal rights against Resident #1 (R1). This incident
7	was also cross reported to the local ombudsman office and the local police department.
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9	During today's visit, the LPA obtained documents. It is noted that this incident was referred to
10	Community Care Licensing Investigation's Branch (IB) and assigned to Investigator Edward Hector.
11	Further investigation is required before findings are delivered.
12	
13	No health and safety hazards noted at this time, and no citations were issued.
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18	Exit interview conducted. A copy of the report was issued. A copy of the signed report was emailed to
19	Executive Director Elizabeth Spencer.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Jeralyn Ann Pfannenstiel
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Ashley Smith

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 05/26/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 05/26/2022

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