

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 197609632

Report Date: 07/15/2025

Date Signed: 07/15/2025 02:43:57 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: RESERVE AT THOUSAND OAKS, THE	FACILITY NUMBER: 197609632
ADMINISTRATOR/SPENCER, ELIZABETH	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 3575 N. MOORPARK ROAD	TELEPHONE: (805) 492-2471
CITY: THOUSAND OAKS	STATE: CA
CAPACITY: 170	ZIP CODE: 91360
TYPE OF VISIT: Required - 1 Year	CENSUS: 138
	DATE: 07/15/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 10:10 AM
MET WITH: Elizabeth Spencer	TIME VISIT/INSPECTION
	COMPLETED: 03:00 PM

NARRATIVE	
1	Licensing Program Analysts (LPAs), Martha Arroyo and Brian Balisi conducted an unannounced annual
2	inspection today. At approx 10:15 a.m. LPAs met with Executive Director (ED) Elizabeth Spencer and
3	explained the reason for the visit.
4	At approx 11:00am, the LPAs along with the Executive Director and Maintenance Director, toured the
5	physical plant areas inside and outside to ensure there are no health and safety hazards and facility is in
6	compliance with Title 22 Regulations. The following was observed:
7	Facility dining room and commercial kitchen were inspected and found to be in compliance with Title 22
8	regulations. The LPAs observed sufficient perishable and non-perishable foods to meet the minimum
9	two day and seven day supply of food and water. Refrigerator and food pantry were checked for proper
10	labels and expiration dates and food labels had expiration date clearly marked.
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12	LPAs observed twelve (12) resident rooms randomly chosen in the main building and the six (6)
13	surrounding buildings. All resident rooms were furnished appropriately, with clean linens and
14	appropriate furnishings. The bathrooms were sufficiently stocked with supplies and paper towels. Hot
15	water temperature was measured between 103 – 117.1 degrees Fahrenheit.
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17	The main facility structure is a three-story building. There are resident rooms on all three floors, units are
18	designated for assisted living residents on all three floors. In addition, there are additional resident units
19	in six (6) stand-alone buildings. Common spaces on the first floor include the theater, salon, secured
20	pool, and spa. The second floor includes the reception area/lobby, library, activity rooms, fitness room,
21	and physical therapy room. The third floor includes the kitchen/dining services, and activity rooms. The
22	pool was observed to be locked and inaccessible to residents in care. There were no obstructions and/or
23	tripping hazards throughout the facility.
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NAME OF LICENSING PROGRAM MANAGER: Desaree Perera

**NAME OF LICENSING PROGRAM ANALYST:** Brian Balisi

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/15/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/15/2025

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

**FACILITY EVALUATION REPORT** California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

**DEFICIENCIES** A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

**PLANS OF CORRECTION (POCs)** The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

**CORRECTION NOTIFICATION** The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

**CIVIL PENALTIES** The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

**PENALTY NOTICE GIVEN** The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

**APPEAL RIGHTS** The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a

deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

**AGENCY REVIEW** The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

**EMAIL REQUIREMENT** Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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

**FACILITY NAME:** RESERVE AT THOUSAND OAKS, THE

**FACILITY NUMBER:** 197609632

**VISIT DATE:** 07/15/2025

<b>NARRATIVE</b>	
1	<p>The common areas were appropriately furnished, and the lighting was adequate. Smoke alarms, carbon monoxide detectors, sprinklers and fire extinguishers were observed throughout the facility. The emergency exiting plans/sketch are posted throughout the hallways. The facility has required postings, including emergency exit plan, Licensing Complaint Poster, Resident Personal Rights, Theft and Loss Policy, and Resident Council Rights. There is a functioning telephone on the premises. Emergency evacuation chairs were present in all stairways in each building. There is also a large outdoor space with shaded areas and adequate furniture for resident use throughout the facility. All passageways, walkways, driveways, steps and patios are free from obstructions and hazards at this time. Several fire extinguisher were observed throughout the facility to be fully charged and last serviced on 08/02/2024</p>
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11	<p>LPAs reviewed ten (10) resident records and ten (10) personnel records starting at 12:30pm. Ten resident files were reviewed for, but not limited to, the following: signed admission agreements, current medical assessments with TB results, Consent for Treatment form, and current needs and services plan. (10) personnel files including the current Executive Director's file were reviewed for, but not limited to: personnel records, health assessments with TB results, criminal record clearances, first aid/CPR training, and the appropriate yearly training. All files appeared to be in order during the visit. LPAs reviewed medications at approximately 1:30pm. The medications are centrally stored in a med rooms on the 3rd floor. All medications including PRNs were labeled, stored, and locked inaccessible to residents in care. PRNs have physicians order on file. Medications are properly documented on the centrally stored medications and destruction record. Medications appeared to be given as prescribed at the time of the visit.</p>
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21	<p>During today's visit, the LPAs reviewed the facility's infection control policy as well as their emergency disaster plan. The facility's policies and procedures as it pertains to infection control are adequate. Daily vehicle inspection list and California Highway Patrol Inspection report was reviewed for facility vehicles. The last fire safety inspection was completed on 11/7/2024 and was found to be in compliance with Fire Code Regulations at the time of inspections. Emergency disaster drills conducted as per regulation; last disaster drill conducted on 06/25/2025.</p>
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31	<p>No citations issued. Exit interview conducted. Report was reviewed and copy provided.</p>
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Desaree Perera	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Brian Balisi	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 07/15/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 07/15/2025
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