

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609969

Report Date: 02/08/2022

Date Signed: 02/08/2022 02:53:43 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: VALLEY VISTA SENIOR LIVING		FACILITY NUMBER:	197609969
ADMINISTRATOR: JOLIE HIGGINS		FACILITY TYPE:	740
ADDRESS: 7040 VAN NUYS BLVD		TELEPHONE:	(818) 906-4400
CITY: VAN NUYS	STATE: CA	ZIP CODE:	91405
CAPACITY: 164	CENSUS: 45	DATE:	02/08/2022
TYPE OF VISIT: Case Management - COVID-19	UNANNOUNCED	TIME BEGAN:	10:30 AM
MET WITH: Becca Black, Executive Director		TIME COMPLETED:	03:00 PM
NARRATIVE			
1	Licensing Program Analysts (LPAs) Salia Walker and Ashley Smith arrived unannounced at 10:30 a.m.		
2	for a Case Management-COVID-19. The LPAs met with Executive Director Becca Black and Business		
3	Office Manager Angela Webb, and explained the reason for the visit.		
4			
5	On January 19, 2022, LPA Salia Walker received a Special Incident Report (SIR), alleging that a		
6	resident was hospitalized and diagnosed with COVID-19. After speaking with the Executive Director, it		
7	was confirmed that as of January 20, 2022, there were eight (8) staff and nineteen (19) residents		
8	positive for COVID-19. Furthermore, it was revealed that the first confirmed case was noted on January		
9	5, 2022. Whereas the facility reported the cases to the local health department, the facility failed to		
10	report the positive cases to the Department of Social Services.		
11			
12	Pursuant to Title 22 of the CA Code of Regulations, the following deficiencies were cited (refer to LIC		
13	809-D):		
14			
15			
16			
17	Exit interview conducted. Today's report, and appeal rights were issued.		
18			
19			
20			
21			
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Jeralyn Ann Pfannenstiel			
NAME OF LICENSING PROGRAM ANALYST: Salia Walker			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/08/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/08/2022

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: Salia Walker On 02/08/2022 at 01:55 PM

Link to Parent Document Below:

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: VALLEY VISTA SENIOR LIVING



FACILITY NUMBER: 197609969

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/08/2022

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 02/11/2022 Section Cited	<p>1 87211(a)(2) Reporting Requirements</p> <p>2 (2) Occurrences, such as epidemic</p> <p>3 outbreaks.. which threaten the</p> <p>4 welfare, safety or health of residents,</p> <p>5 personnel or visitors, shall be</p> <p>6 reported within 24 hours either by</p> <p>7 telephone or facsimile to the</p> <p>licensing agency and to the local</p> <p>health officer when appropriate.</p>		
	<p>8 This requirement is not met as</p> <p>9 evidence by:</p> <p>10 Based on interviews, the licensee did</p> <p>11 not comply with the section cited</p> <p>12 above, as the facility failed to report</p> <p>13 eight (8) staff and nineteen (19)</p> <p>14 residents positive for COVID to the</p> <p>licensing agency, which poses a</p> <p>potential health and safety risk to</p> <p>residents in care.</p>		
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>		
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>		

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: Salia Walker	
LICENSING EVALUATOR SIGNATURE: 	DATE: 02/08/2022
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE: 	
DATE: 02/08/2022	