

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 306000372

Report Date: 08/16/2024

Date Signed: 08/16/2024 04:44:15 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: ATRIA DEL SOL	FACILITY NUMBER: 306000372
ADMINISTRATOR/GOODWIN, JEREMIAH	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 23792 MARGUERITE PKWY	TELEPHONE: (949) 458-1176
CITY: MISSION VIEJO	STATE: CA
CAPACITY: 120	ZIP CODE: 92692
TYPE OF VISIT: Required - 1 Year	CENSUS: DATE: 08/16/2024
	UNANNOUNCED TIME VISIT/ INSPECTION
	BEGAN: 01:00 PM
MET WITH: Executive Director Jeremiah Goodwin	TIME VISIT/ INSPECTION
	COMPLETED: 04:50 PM

NARRATIVE	
1	Licensing Program Analysts (LPA) Amy Rodgers, made an unannounced visit to conduct the required
2	One-Year Inspection to ensure substantial compliance with Title 22 regulations. LPA Rodgers was
3	granted entry into the facility Executive Director Jeremiah Goodwin, after identifying herself and stating
4	the purpose of the inspection. This facility serves one hundred and twenty (120) residents 60 and above;
5	64 ambulatory, 51 may be non-ambulatory, in which Five (5) residents may be bedridden, includes a 31
6	bed dementia unit with delayed egress. Hospice waver for 11.
7	
8	LPA was accompanied by Executive Director Goodwin during a tour of the facility. A tour of the facility
9	was conducted which included a sample of resident units, the dining area, recreation rooms, and food
10	storage areas. The facilities has three stories with the memory unit on floor two. Signal systems are in
11	place and operational. PPE supplies are onsite. Passageways were free from obstructions. Facility does
12	feature delayed egress doors on the second floor..
13	
14	Each resident had clean and sufficient bed linens. All residents' rooms were equipped with required
15	furnishings. Lighting was present in the bedrooms. Residents' bathrooms were observed to be sanitary
16	and operational. Toilets and showers were equipped with grab bars and Non-skid strips. Hot water
17	temperature in residents' bathrooms were compliant.
18	
19	Carbon monoxide detectors, emergency lighting, and facility telephone were all working. Fire
20	extinguisher(s) were in working order. First aid kit(s) were complete and readily accessible. Required
21	licensing postings were observed in visible areas of the facility.
22	
23	[CONTINUED ON LIC 809-C]
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Simon Jacob

**NAME OF LICENSING PROGRAM ANALYST:** Amy Rodgers  
**LICENSING PROGRAM ANALYST SIGNATURE:**  
 **DATE:** 08/16/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**  
 **DATE:** 08/16/2024

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

<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>
	ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100
	ORANGE, CA 92868

**FACILITY NAME:** ATRIA DEL SOL **FACILITY NUMBER:** 306000372  
**VISIT DATE:** 08/16/2024

**NARRATIVE**

1	[CONTINUED FROM LIC 809]
2	
3	Facility has a two-day supply of perishable food and a seven-day supply of nonperishable food items.
4	Food supply is replenished frequently by outside vendors. Food was observed to be properly stored and
5	labeled. The food service area was observed to be neat and clean. Food menus and activities schedule
6	were posted. Chemicals and cleaning supplies were stored in a locked closed room not assessable to
7	residents. Centrally stored medications were properly stored and locked in a medication room and
8	medication carts. Medication logs and medications reviewed were current and medications appear to be
9	administered according to the label instructions.
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11	
12	Staff records review verified that all staff records were complete and compliant. Resident records were
13	reviewed and confirmed compliant. Administrator's certification is current. LPA reviewed the theft and
14	loss policy and procedures. LPA conducted a thorough review of In-service training procedures.
15	Transportation procedures are compliant. LPA observed that residents were being treated with dignity by
16	staff, and there were sufficient staff on duty to meet resident's needs.
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19	An exit interview was conducted with Executive Director Goodwin, to whom copies of this report, and the
20	Licensee/Appeal Rights (LIC9058 03/22) were provided at the conclusion of the visit. Their signature on
21	this form acknowledges receipt and a copy of the report was given to Executive Director Goodwin.
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**NAME OF LICENSING PROGRAM MANAGER:** Simon Jacob  
**NAME OF LICENSING PROGRAM ANALYST:** Amy Rodgers  
**LICENSING PROGRAM ANALYST SIGNATURE:**  
 **DATE:** 08/16/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**  
 **DATE:** 08/16/2024