

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005351
Report Date: 06/21/2022
Date Signed: 06/21/2022 02:50:22 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, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT	

FACILITY NAME: LA VIDA AT MISSION VIEJO	FACILITY NUMBER: 306005351
ADMINISTRATOR: JUSTINE ORTIZ	FACILITY TYPE: 740
ADDRESS: 27783 CENTER DRIVE	TELEPHONE: (949) 364-6210
CITY: MISSION VIEJO	STATE: CA
CAPACITY: 150	ZIP CODE: 92692
TYPE OF VISIT: Case Management - Incident	CENSUS: 97
MET WITH: Justine Ortiz	DATE: 06/21/2022
	UNANNOUNCED TIME BEGAN: 12:40 PM
	TIME COMPLETED: 03:10 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Kimberly Lyman made an unannounced case management visit to
2	follow up on incident reports received by Community Care Licensing. LPA was greeted and granted
3	entry into the facility by Executive Director Justine Ortiz and explained the reason for the visit.
4	
5	Incident report dated 06/09/2022 indicated Resident 1 (R1) eloped out of the memory care unit and was
6	found about one mile away by facility staff. Facility investigation revealed the alarm went off at rear gate
7	at approximately 7:40 PM. Staff responded to the alarm and began a head count. It was noted R1 was
8	absent and staff started looking for the resident. Facility contacted the authorities as well. Camera
9	footage indicated the resident went into the courtyard and then out the gate. It is presumed the resident
10	went through the field adjacent to the facility and up onto the road. Resident was discovered by staff by
11	a shopping center and returned to the facility with no adverse effects. Resident was put on half hour
12	checks and family and physician notified. Per physician report dated 04/29/2022, R1 has a diagnosis of
13	Dementia and a history of wandering. LPA spoke with R1 during the visit. R1 appeared happy and well
14	taken care of.
15	
16	Incident report dated 05/31/2022 indicated R2 was found on the floor by staff in the resident's restroom
17	around 12:55 AM. R2 was observed to have a skin tear and became somewhat incoherent. 911 was
18	called and paramedics responded. R2 was transported to Mission hospital and diagnosed with a
19	fractured right hip. R2 had surgery and was transported to a skilled nursing facility. Per physician report
20	dated 05/22/2020, R2 is diagnosed with Mild Cognitive Impairment. Resident was on Hospice due to
21	Senile Degeneration of the brain. Per facility, resident was on two hour checks, had bed rails and a
22	pendant for assistance.
23	
24	Based on the observations and interviews made, the following violation is being cited per California
25	Code of Regulations, Title 22, Division 6, Chapter 8. An exit interview was conducted and a copy of this
	report as well as appeal rights were discussed and provided with Executive Director.

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/21/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/21/2022

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

LIC809 (FAS) - (06/04)

Page: 1 of 2

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Created By: Kimberly Lyman On 06/21/2022 at 02:25 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: LA VIDA AT MISSION VIEJO

FACILITY NUMBER: 306005351

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/21/2022

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 06/22/2022 Section Cited	1 Basic services shall at a minimum 2 include: 3 Care and supervision as defined in 4 Section 87101(c)(3) and Health and 5 Safety Code 6 section 1569.2(c). This requirement 7 is not being met as evidenced by:		
	8 Based on observation and interview, 9 Licensee failed to ensure care and 10 supervision was provided to R1. R1 11 eloped out of the facility and was 12 found approximately a mile away 13 from the facility. This 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:	Alisa Ortiz
LICENSING EVALUATOR NAME:	Kimberly Lyman

LICENSING EVALUATOR SIGNATURE:



DATE: 06/21/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/21/2022