

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

**Facility Number:** 306005351  
**Report Date:** 10/13/2022  
**Date Signed:** 10/13/2022 02:18:35 PM

**Document Has Been Signed on** 10/13/2022 02:18 PM - **It Cannot Be Edited**

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: LA VIDA AT MISSION VIEJO	FACILITY NUMBER: 306005351
ADMINISTRATOR:FOUDIL MANADI	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: 94
MET WITH: Foudil Manadi	DATE: 10/13/2022
	UNANNOUNCEDTIME BEGAN: 01:12 PM
	TIME COMPLETED: 02:40 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Kimberly Lyman made an unannounced case management visit to
2	follow up on incident reports submitted to Community Care Licensing. LPA was greeted and granted
3	entry into the facility by Executive Director Foudil Manadi and explained the reason for the visit.
4	
5	Incident report dated 10/08/2022 indicated Resident 1 was observed by staff exiting the back door of the
6	memory care unit. Resident was redirected back into the facility with no adverse affects. Physician
7	report dated 07/25/2022 indicates resident is diagnosed with Dementia and has wandering tendencies.
8	LPA spoke with resident during the visit who verbalized the resident likes to walk around. R1 appeared
9	happy and well taken care of. LPA consulted with management team regarding keeping resident
10	engaged to prevent any additional incidents.
11	
12	Incident report dated 10/11/2022 indicated R2 was agitated and slapped R3 on the left side of the face.
13	Staff intervened and the residents were separated. No injuries noted besides a red mark on R3's face.
14	This is the first incident of aggression from R2. Per physician report dated 06/28/2022, R2 is diagnosed
15	with Dementia with no inappropriate behavior. LPA met with both residents during the visit and both
16	spoke with LPA and appeared happy and well taken care of.
17	
18	LPA toured the memory care unit during the visit and observed multiple staff and residents participating
19	in activities. No further action required.
20	
21	
22	
23	
24	No deficiencies noted during today's visit. Exit interview conducted and a copy of this report was left at
25	the facility.

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Alisa Ortiz
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Kimberly Lyman

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 10/13/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 10/13/2022

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