

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005546
Report Date: 07/25/2022
Date Signed: 07/25/2022 03:45:30 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: REATA GLEN ORANGE COUNTY CCRC LLC	FACILITY NUMBER: 306005546
ADMINISTRATOR: NASRATY, SUZANNE	FACILITY TYPE: 741
ADDRESS: 2 LAS ESTRELLAS LOOP	TELEPHONE: (949) 545-2250
CITY: RANCHO MISSION VIEJO STATE: CA	ZIP CODE: 92694
CAPACITY: 840	CENSUS: 542 DATE: 07/25/2022
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED TIME BEGAN: 01:05 PM
MET WITH: Suzanne Nasraty and Marirose Kendle	TIME COMPLETED: 04:10 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Kimberly Lyman made an unannounced case management visit to the
2	facility to follow up on two incidents reported to Community Care Licensing. LPA met with Executive
3	Director Suzanne Nasraty and Resident Health Services Director Marirose Kendle and explained the
4	reason for the visit. Safety Director Thad McKay and Safety Officer James Salilo were present as well.
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6	On 07/22/2022, Resident 1's (R1) family had contacted Wellness Department and Safety Department to
7	request a Wellness check around 7 PM. Safety Officer responded and resident did not respond to
8	doorbell. Safety officer made entrance into resident's apartment and observed R1 did not respond to
9	Safety Officer. The bedroom door was closed. Safety officer was unable to make entrance into the
10	bedroom as the door was blocked and called 911. Sheriff and paramedics responded and R1 was
11	pronounced dead from suicide at 1955 PM. Resident had an MRI the day before for back issues. Per
12	physician report dated 02/19/2021, R1 is independent, can leave the facility unassisted and manage
13	own medications. Facility provides no assistance with activities of daily living. Per interview and facility
14	medication sheet, R1 is on three medications for hypertension and high cholesterol. R1 had a prior
15	suspected suicide attempt in February 2021 but was cleared by physician and had no medication
16	changes. Resident had checked in with facility as facility protocol on 07/22/2022 and Health Services
17	Director had made contact with resident at 12:29 PM same day. During the visit, LPA toured the
18	resident's apartment and spoke with R1's family. Facility to forward a copy of the death certificate to LPA
19	once received.
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21	On 07/20/2022, Safety Officers responded to a call of a car running in R2's garage. Safety Officer
22	utilized the emergency mechanism to open the garage and observed R2 sitting in the car while it was
23	running. R2 turned off the car at that time and safety officers removed the resident from the garage. 911
24	was called and resident was assessed to have a self inflicted superficial wound on left wrist. Paramedics
25	cleared the resident physically and R2 was sent out to Mission Hospital on a psychiatric hold. Resident
	remains at Canyon Ridge Hospital for observation. CONTINUED ON LIC 809C DATED 07/25/2022.

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

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/25/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/25/2022

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

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 (Cont)

FACILITY NAME: REATA GLEN ORANGE COUNTY CCRC LLC

FACILITY NUMBER: 306005546

VISIT DATE: 07/25/2022

NARRATIVE

1 Resident has had no prior suicidal ideations and is not on any psychiatric medication. Physician report
2 dated 10/02/2019 indicates resident is independent, manages own medications and can leave the
3 facility unassisted. During the visit, LPA observed the garage as well as R2's apartment.
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5 During the visit, LPA toured the facility and observed residents relaxing or participating in activities.
6 Residents were observed outside and eating lunch as well. LPA spoke with residents who verbalized
7 satisfaction with the facility. No health or safety violations noted during today's visit.
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25 Based on the observations made during today's visit, no citations noted. Exit interview conducted and a
26 copy of this report was left at the facility.
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NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz

NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/25/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/25/2022