

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005563
Report Date: 10/19/2022
Date Signed: 10/19/2022 02:41:01 PM

Document Has Been Signed on 10/19/2022 02:41 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 |
| FACILITY EVALUATION REPORT | |

| | |
|--|----------------------------------|
| FACILITY NAME: BELMONT VILLAGE ALISO VIEJO | FACILITY NUMBER: 306005563 |
| ADMINISTRATOR: AYALA, ROSA | FACILITY TYPE: 740 |
| ADDRESS: 300 FREEDOM LN | TELEPHONE: (949) 643-1050 |
| CITY: ALISO VIEJO | STATE: CA |
| CAPACITY: 180 | ZIP CODE: 92656 |
| TYPE OF VISIT: Case Management - Other | CENSUS: 105 |
| MET WITH: Rosa Ayala and Allan Macabitas | DATE: 10/19/2022 |
| | UNANNOUNCED TIME BEGAN: 01:15 PM |
| | TIME COMPLETED: 03:00 PM |

| NARRATIVE | |
|-----------|---|
| 1 | Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced case management visit |
| 2 | to the facility to follow up on facility's enrollment in the "Safely You" program. LPA was greeted and |
| 3 | granted entry into the facility and explained the reason for the visit. |
| 4 | |
| 5 | During the visit, LPA toured the memory care unit which utilizes the cameras. There is not video |
| 6 | surveillance signage outside any of the rooms. LPA reviewed camera footage which does not have any |
| 7 | audio recording. The cameras are utilized for falls that occur. The recording is only visible to facility staff |
| 8 | for 10 minutes before and after the fall. LPA reviewed consents for cameras during the visit. Facility has |
| 9 | 24 out of 27 consents for camera usage. |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | |
| 18 | |
| 19 | |
| 20 | |
| 21 | |
| 22 | Based on the observations and interviews made, the following violation is being cited per California |
| 23 | Code of Regulations, Title 22, Division 6, Chapter 8. An exit interview was conducted and a copy of this |
| 24 | report as well as appeal rights were discussed and provided with facility representative. |
| 25 | |

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

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/19/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/19/2022

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

Document Has Been Signed on 10/19/2022 02:41 PM - It Cannot Be Edited

Created By: Kimberly Lyman On 10/19/2022 at 02:02 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: BELMONT VILLAGE ALISO VIEJO

FACILITY NUMBER: 306005563

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/19/2022

| Deficiency Type POC Due Date / Section Number | DEFICIENCIES | PLAN OF CORRECTIONS(POCs) | |
|---|---|--------------------------------------|--|
| Type B 11/02/2022 Section Cited | 1 In addition to the rights listed in 2 Section 87468.1, residents in.. 3 residential care facilities for the 4 elderly shall have all of the following 5 personal rights: To have a 6 reasonable level of personal 7 privacy....This requirement is not being met as evidenced by:. | | |
| | 8 Based on observation, Licensee 9 failed to ensure residents are 10 afforded privacy. Facility is in the 11 "Safely You" program and is not 12 fulfilling guidelines for the program. 13 Facility does not have video 14 surveillance signage posted nor all consents required. LPA observed 24/27 consents. This poses a potential health and safety risk. | 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: 10/19/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/19/2022