

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# ***FACILITY EVALUATION REPORT***

**Facility Number:** 306005946  
**Report Date:** 08/10/2022  
**Date Signed:** 08/10/2022 11:27:46 AM

**Document Has Been Signed on 08/10/2022 11:27 AM - 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: SERRA SOL	FACILITY NUMBER: 306005946
ADMINISTRATOR: LOPEZ, JANELLE	FACILITY TYPE: 740
ADDRESS: 31451 AVENIDA LOS CERRITOS	TELEPHONE: (916) 836-8022
CITY: SAN JUAN CAPISTRANO STATE: CA	ZIP CODE: 92675
CAPACITY: 70	CENSUS: 36 DATE: 08/10/2022
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED TIME BEGAN: 10:25 AM
MET WITH: Susie Peterson, Khatera Bahadory	TIME COMPLETED: 11:43 AM

<b>NARRATIVE</b>	
1	Licensing Program Analyst (LPA) Joseph Alejandro made an unannounced visit to follow up on an
2	incident report received on 8/9/22. LPA met with Executive Director (ED) Susie Peterson and Director of
3	Nursing Khatera Bahadory. LPA explained the reason for the visit. The incident reported concerned
4	Resident 1 (R1) becoming aggressive toward staff and Resident 2 (R2). Around 6:30 pm on 8/8/22 R1
5	became agitated. Staff noticed this and walked alongside R1. R1 attempted to push R2 who was
6	standing in front of R1. Staff intervened and separated the residents. R1 was still agitated and did not
7	respond to staff attempting to redirect and de-escalate the situation. Staff called 911. The family was
8	notified and agreed to send R1 to the hospital. R1 returned the next day. The facility contacted R1's
9	physician who adjusted R1's medication. No injuries were noted on R1, R2 or staff. The facility ensured
10	all residents were unharmed and reported the incident to the required parties. LPA observed R1 at the
11	facility. R1 had no visible injuries and was sitting in the dining room getting ready to have lunch. R2 was
12	out of the facility on an activity with other residents and facility staff. No deficiencies are being cited as a
13	result of this visit. An exit interview was conducted and a copy of the report provided.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Luz Adams
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Joseph Alejandro

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/10/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/10/2022

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