

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005949
Report Date: 09/21/2021
Date Signed: 09/21/2021 02:31:30 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: CAPISTRANO SENIOR LIVING	FACILITY NUMBER: 306005949
ADMINISTRATOR: GARCIA, CYNTHIA	FACILITY TYPE: 741
ADDRESS: 31741 RANCHO VIEJO ROAD	TELEPHONE: (844) 375-0029
CITY: SAN JUAN CAPISTRANO	STATE: CA
CAPACITY: 125	ZIP CODE: 92675
TYPE OF VISIT: Case Management - Other	CENSUS: 66
MET WITH: Ninad Dadabhoy	DATE: 09/21/2021
	UNANNOUNCED TIME BEGAN: 01:00 PM
	TIME COMPLETED: 02:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Joseph Alejandro made an unannounced case management visit to
2	follow up on an incident report submitted to licensing on 9/20/2021. LPA met with Health & Wellness
3	Director and explained the reason for the visit.
4	
5	Incident report dated 09/15/2021 indicated at 6:00 pm Resident 1 (R1) was found outside the facility by
6	an unidentified person at the business park next door to the facility. The front desk was notified and staff
7	contacted the med tech on duty. The med tech went next door and escorted the resident back to the
8	facility. R1 was assessed and no injuries noted. Per physician report dated 07/21/2021, R1 is diagnosed
9	with Dementia. R1's primary care physician (PCP) and responsible party (RP) were notified. Health &
10	Wellness Director reported R1 was gone from the facility for approximately 10 minutes. Facility delayed
11	egress system is operational. Health & Wellness Director reported that at the time of R1's elopement
12	there was no staff next to the door and staff did not hear the alarm so no one responded to the door
13	alarm.
14	
15	Based on the information provided during today's visit, the following deficiency is being cited per Title 22
16	Division 6 of the California Code of Regulations. An exit interview was conducted and a copy of this
17	report along with appeal rights was provided.
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NAME OF LICENSING PROGRAM MANAGER: Luz Adams NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandro

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/21/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/21/2021

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

LIC809 (FAS) - (06/04)

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Created By: Joseph Alejandro On 09/21/2021 at 11:51 AM
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: CAPISTRANO SENIOR LIVING

FACILITY NUMBER: 306005949

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/21/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 09/22/2021 Section Cited	1 Basic services shall at a minimum 2 include: Care and supervision as 3 defined in Section 87101(c)(3) and 4 Health and Safety Code 5 section 1569.2(c). This requirement 6 is not being met as evidenced by: 7		
	8 Based on interview and record 9 review, Licensee did not ensure care 10 and supervision was provided to 11 Resident 1. R1 eloped from the 12 facility on 9/15/2021 because staff 13 did not respond to the door alarm. 14 This poses an 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:	Luz Adams
LICENSING EVALUATOR NAME:	Joseph Alejandro

LICENSING EVALUATOR SIGNATURE:



DATE: 09/21/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/21/2021