

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005949

Report Date: 06/22/2024

Date Signed: 06/22/2024 01:13:47 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT	

FACILITY NAME: CAPISTRANO SENIOR LIVING	FACILITY NUMBER: 306005949
ADMINISTRATOR/BRYAN HADLEY	FACILITY TYPE: 741
DIRECTOR:	
ADDRESS: 31741 RANCHO VIEJO ROAD	TELEPHONE: (844) 375-0029
CITY: SAN JUAN CAPISTRANO	STATE: CA ZIP CODE: 92675
CAPACITY: 125	CENSUS: 106 DATE: 06/22/2024
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION BEGAN: 08:00 AM
MET WITH: Bryan Hadley	TIME VISIT/INSPECTION COMPLETED: 01:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Joseph Alejandro made an unannounced visit to conduct the required
2	annual inspection. LPA was greeted and granted entry by staff. LPA met with Executive Director Bryan
3	Hadley and explained the reason for the visit. Bryan Hadley's Administrator's certificate expires on
4	February 3, 2025. Facility is approved for delayed egress exits in the memory care unit. Facility is a two
5	story building with 114 resident rooms which includes a memory care unit. LPA and the Executive
6	Director (ED) toured the facility. LPA observed the See Something, Say Something poster (PUB 475)
7	posted in the hallway next to the main entrance. LPA and the ED toured the kitchen and dining room.
8	LPA observed the kitchen is clean and organized. There is a two day supply of perishable food and a
9	seven day supply of non-perishable food on-hand in the kitchen. LPA observed that the refrigerators and
10	the freezers had temperature logs posted on them. The refrigerators and freezers were at the required
11	temperatures. LPA and ED toured 10 resident rooms on the first and second floors. All resident rooms
12	had the required furnishings and bed linens. All resident bathrooms were clean and operational. The hot
13	water in the resident rooms inspected measured 106.7 degrees Fahrenheit to 111.5 degrees Fahrenheit.
14	There is a library next to the dining room with games and puzzles and a TV room for residents. There
15	are fire extinguishers on each floor and all fire extinguishers are fully charged. The facility has 4
16	stairwells. LPA observed an emergency evacuation chair at the top of each stairwell. The last
17	emergency disaster drill was conducted on June 12, 2024. LPA and ED toured the memory care unit.
18	LPA observed the resident rooms in memory care had the required furnishings and bed linens. There is
19	an outdoor patio in memory care with shaded seating for residents to sit outside. The delayed egress
20	exits in memory care tested operational. The fire alarm/fire detection system was inspected and tested
21	operational on June 6, 2024. LPA observed medications are kept secured in a medication cart that is
22	locked in the medication room. LPA interviewed staff and residents. LPA reviewed 5 staff files with no
23	discrepancies observed. All staff files reviewed had the required annual training. LPA reviewed 10
24	resident files, no discrepancies observed. LPA inspected resident medications. LPA observed that
25	Resident 1 was missing 2 of their 12 prescribed medications. No other discrepancies observed. No
	obstacles or hazards were noted inside or outside of the facility.

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandro
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 06/22/2024

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 06/22/2024

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 06/22/2024 at 12:33 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: CAPISTRANO SENIOR LIVING

FACILITY NUMBER: 306005949

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/22/2024

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87465(b)	
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If the resident's physician has stated in writing that the resident is able to determine and communicate his/her need for a prescription or nonprescription PRN medication, facility staff shall be permitted to assist the resident with self-administration of his/her PRN medication.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1 2 3 4	Based on a review of Resident 1's medication and medication records, Resident 1 was missing 2 out of their 12 prescribed medications (Resident 1, was missing their MiraLax Packet 17 GM and Oxycodone HCl tablet 5 MG), the licensee did not comply with the section cited above in 1 out of 10 resident medications and records which poses an immediate health, safety or personal rights risk to persons in care.
POC Due Date: 06/24/2024	
Plan of Correction	
1 2 3 4	Licensee agrees to contact R1's pharmacy and physician to order the medications for R1 or discontinue the medications if so ordered by the physician. Licensee agrees to forward proof to LPA by POC due date.

	Section Cited			
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Deficient Practice Statement	
1 2 3 4	
POC Due Date:	
Plan of Correction	
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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:	Sheila Santos
LICENSING EVALUATOR NAME:	Joseph Alejandre
LICENSING EVALUATOR SIGNATURE:	
	DATE: 06/22/2024

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 06/22/2024

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100
	ORANGE, CA 92868

FACILITY NAME: CAPISTRANO SENIOR LIVING **FACILITY NUMBER:** 306005949
VISIT DATE: 06/22/2024

NARRATIVE

1	Deficiencies are being cited per title 22 Division 6 of the California Code of Regulations on the attached LIC 809D. An exit interview was conducted with the Executive Director and a copy of the report provided along with appeal rights
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandre
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 06/22/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/22/2024