

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005960
Report Date: 12/15/2022
Date Signed: 12/15/2022 11:38:21 AM

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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: WOODBRIDGE TERRACE	FACILITY NUMBER: 306005960
ADMINISTRATOR: PRATT, STEPHEN	FACILITY TYPE: 740
ADDRESS: 1 WITHERSPOON	TELEPHONE: (949) 654-8500
CITY: IRVINE	STATE: CA
CAPACITY: 180	ZIP CODE: 92604
TYPE OF VISIT: Case Management - Incident	CENSUS: 117
MET WITH: Terrie Sherrell, Assisted Living Director	DATE: 12/15/2022
	UNANNOUNCED TIME BEGAN: 11:30 AM
	TIME COMPLETED: 12:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Kathrina Chin made an unannounced case
2	management visit to the facility to follow up on special incident report dated October
3	18, 2021 for R1. LPA met with Terrie Sherrell, Assisted Living Director and Myra
4	Aragones, Executive Director.
5	
6	
7	The Department investigation conducted revealed the following:
8	
9	On September 16, 2021, R1 was taken for a medical appointment to UCI Medical
10	Center for the vaginal bleeding in which R1's responsible party observed during R1's
11	home visit. The primary physician did not know the cause of the R1's vaginal
12	bleeding and referred R1 to see an Obstetrics Gynecologist. The Obstetrics
13	Gynecologist was concerned that there might have been elder abuse because the
14	doctor found some five-inch-long detached free-standing hairs deep in R1's vagina
15	mixed with blood. The doctor found the bleeding and the hairs to be unusual.
16	
17	
18	
19	R1's responsible party read the doctor's finding and visit online. R1 was moved out
20	of the facility on October 18, 2021. Resident resided at the facility from September
21	09, 2021 to October 18, 2021. The doctor did not recommend a "rape kit" be
22	performed because the doctor did not suspect sexual abuse.
23	
24	
25	The Irvine Police Department Detective noted that R1 denied sexual abuse. R1's
	doctor noted the bleeding and the discovery of hair were not necessarily the result of
	sexual abuse. No female residents in the Memory Care Unit where R1 did not see
	anything suspicious regarding a sexual assault incident. (Continued on LIC 809C)

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos

NAME OF LICENSING PROGRAM ANALYST: Kathrina Chin
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 12/15/2022

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 12/15/2022

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 FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
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FACILITY NAME: WOODBRIDGE TERRACE **FACILITY NUMBER:** 306005960
VISIT DATE: 12/15/2022

NARRATIVE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>Currently, it is unknown if those hair belong to R1. There is no evidence to suggest that R1 was sexually assaulted while at facility. R1 is very verbal and if she was being sexually assaulted for weeks, the chances are great that she would have reported it to her children. There is no corroborating evidence to prove that R1 was sexually assaulted at the facility.</p> <p>No deficiencies were cited as per Title 22 of the California Code of Regulations.</p> <p>An exit interview was conducted and a copy of this report was left at the facility.</p>
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Kathrina Chin
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 12/15/2022

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