

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 336426083

Report Date: 06/22/2021

Date Signed: 09/21/2021 02:34:46 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, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507	
<b>FACILITY EVALUATION REPORT</b>			
FACILITY NAME: ATRIA PARK OF VINTAGE HILLS		FACILITY NUMBER:	336426083
ADMINISTRATOR: BRYCE MATTHEWS		FACILITY TYPE:	740
ADDRESS: 41780 BUTTERFIELD STAGE RD		TELEPHONE:	(951) 506-5555
CITY: TEMECULA	STATE: CA	ZIP CODE:	92592
CAPACITY: 143	CENSUS: 121	DATE:	06/22/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	10:00 AM
MET WITH: Bryce Matthews		TIME COMPLETED:	11:55 AM
<b>NARRATIVE</b>			
1	Licensing Program Analyst (LPA) Javier Prieto conducted an unannounced annual inspection. LPA met		
2	with Administrator Bryce Matthews. The facility is licensed for 143, 81 non-ambulatory and 62 bedridden		
3	residents with a hospice waiver of 18.		
4			
5	The facility was toured inside and out with a common rooms, dining rooms and kitchens. All bedrooms		
6	are furnished with bed, night stand, dresser and chair. Bedrooms have adequate lighting for residents'		
7	use. The facility currently has linens, towels and a sufficient amount of hygiene products for residents.		
8	The facility is equipped with med tech rooms and staff to administer medications. Outdoor area has		
9	shaded tables and sitting for residents.		
10			
11	During the visit LPA Prieto discussed infection control procedures and practices with Mr Matthews . The		
12	facility appeared to be in compliance and no deficiencies were observed or cited.		
13			
14	An exit interview was conducted and a copy of this report was reviewed with and provided to Mr		
15	Matthews		
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NAME OF LICENSING PROGRAM MANAGER: Joel Esquivel			
NAME OF LICENSING PROGRAM ANALYST: Javier Prieto			

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 06/22/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 06/22/2021

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