

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336426083

Report Date: 06/22/2021

Date Signed: 09/21/2021 02:34:46 PM

Document Has Been Signed on 09/21/2021 02:34 PM - **It Cannot Be Edited**

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
FACILITY EVALUATION REPORT	

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

NARRATIVE	
1	Licensing Program Analyst (LPA) Javier Prieto conducted an unannounced annual inspection. LPA met with Administrator Bryce Matthews. The facility is licensed for 143, 81 non-ambulatory and 62 bedridden residents with a hospice waiver of 18.
2	
3	
4	
5	The facility was toured inside and out with a common rooms, dining rooms and kitchens. All bedrooms are furnished with bed, night stand, dresser and chair. Bedrooms have adequate lighting for residents' use. The facility currently has linens, towels and a sufficient amount of hygiene products for residents.
6	
7	
8	The facility is equipped with med tech rooms and staff to administer medications. Outdoor area has shaded tables and sitting for residents.
9	
10	
11	During the visit LPA Prieto discussed infection control procedures and practices with Mr Matthews . The facility appeared to be in compliance and no deficiencies were observed or cited.
12	
13	
14	An exit interview was conducted and a copy of this report was reviewed with and provided to Mr Matthews
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

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.