

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 372004738
Report Date: 03/26/2021
Date Signed: 03/26/2021 05:23:21 PM

Document Has Been Signed on 03/26/2021 05:23 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, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
FACILITY EVALUATION REPORT	

FACILITY NAME:	CANYON VILLAS	FACILITY NUMBER:	372004738
ADMINISTRATOR:	RICHARD JOHN ROWE	FACILITY TYPE:	740
ADDRESS:	4282 BALBOA AVENUE	TELEPHONE:	(858) 273-1306
CITY:	SAN DIEGO	STATE:	CA
CAPACITY:	133	ZIP CODE:	92117
TYPE OF VISIT:	Case Management - Deficiencies	CENSUS:	94
MET WITH:	Vonda Boller, Business Director	DATE:	03/26/2021
		UNANNOUNCED TIME BEGAN:	04:00 PM
		TIME COMPLETED:	04:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Laarni Santiago conducted a Case Management visit and contacted
2	the facility via video conference, due to COVID-19. LPA identified herself and discussed the purpose of
3	the call with Business Director, Vonda Boller.
4	
5	In conjunction with complaint investigation, the following deficiencies, unrelated to the complaint were
6	identified:
7	
8	Department's investigation revealed that Resident 1 (R1 - see LIC811 Confidential Names List) required
9	a two-person assist due to their health condition and limited mobility. Interviews conducted with facility
10	staff and outside sources confirmed that R1 requires a two-person assist. A review of R1's facility
11	records did not document that R1 requires a two-person assist. Facility failed to update R1's care plan to
12	address the needs for a two-person assist.
13	
14	A deficiency was cited in accordance to the California Code of Regulations, Title 22 and is on the
15	attached 809-D.
16	
17	An exit interview was conducted with Vonda Boller via video-call. A copy of this report along with
18	Licensee Rights (LIC9058 01/2016) was provided to Administrator via email. An electronic response
19	confirms the documents were received.
20	
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Simon Jacob
NAME OF LICENSING PROGRAM ANALYST: Laarni Santiago

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/26/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/26/2021

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

LIC809 (FAS) - (06/04)

Page: 1 of 2

Document Has Been Signed on 03/26/2021 05:23 PM - It Cannot Be Edited

Created By: Laarni Santiago On 03/21/2021 at 11:37 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
--	--

FACILITY NAME: CANYON VILLAS

FACILITY NUMBER: 372004738

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/26/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 04/09/2021 Section Cited	1 The pre-admission appraisal shall be 2 updated, in writing as frequently as 3 necessary to note significant 4 changes and to keep the appraisal 5 accurate. The reappraisals shall 6 document changes in the resident's 7 physical, medical, mental, and social condition. This requirement was not met as evidenced by:		
	8 Licensee failed to update R1's care 9 plan to include the needs for a two- 10 person assist. This poses a potential 11 risk to resident in care. 12 13 14	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:	Simon Jacob
LICENSING EVALUATOR NAME:	Laarni Santiago

LICENSING EVALUATOR SIGNATURE:



DATE: 03/26/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/26/2021