

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 421700369

Report Date: 04/28/2025

Date Signed: 04/28/2025 02:56:34 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, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
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FACILITY NAME: ATTERDAG VILLAGE OF SOLVANG	FACILITY NUMBER: 421700369
ADMINISTRATOR/CHRIS PARKER	FACILITY TYPE: 741
DIRECTOR:	
ADDRESS: 636 N ATTERDAG ROAD	TELEPHONE: (805) 688-3263
CITY: SOLVANG	STATE: CA
CAPACITY: 188	ZIP CODE: 93463
TYPE OF VISIT: Required - 1 Year	CENSUS: 155
	DATE: 04/28/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 09:16 AM
MET WITH: Administrator, Chris Parker	TIME VISIT/INSPECTION
	COMPLETED: 02:55 PM

NARRATIVE	
1	At 9:15am, on 04/28/2025, Licensing Program Analyst (LAP) Mark Jeffries arrived unannounced at the
2	facility to conduct the annual facility inspection. LPA met with Administrator, Chris Parker and announced
3	who he was and reason for the visit.
4	This facility is a Continuing Care Retirement Community that has a campus consisting of 26 buildings.
5	Buildings 1-14 are designated for Independent Living. Building 15 is designated for Assisted Living and
6	Memory Care. Building 16 is a skilled nursing facility. Building 17 is the Maintenance Shop. Building 18
7	is the Administration Building. Building 19 is the generator area. Building 20 is designated for Assisted
8	Living on the second floor, and the first floor is the pool and other amenities. Buildings 21-25 are
9	Independent Living. Building 26 is a utilities building. Building 15 is Memory Care, delayed regress, is
10	functioning properly. Facility uses program Point Click Care for Medication Administration Records.
11	Facility has activities calendars for Memory Care and Assisted Living. In building 15. LPA observed
12	required postings. LPA noted that all resident rooms, and facility bathrooms meet regulations
13	requirements. LPA noted that the facility in its expanse is clean and free of debit. LPA noted that there
14	were fire extinguishers placed throughout the facility that were all primed and in the green, indicating
15	functioning. LPA observed alarm (Smoke/Carbon Monoxide) inspection report (102097205) from Rincon
16	Inspection Group, dated 04/18/2025 showing all buildings passing fire code inspection.
17	Administrator and LPA reviewed infection control plan, emergency disaster plan, liability insurance,
18	resident and staff files. LPA conducted a sample audit of staff training. LPA reviewed all staff fingerprint
19	clearance record. LPA noted that all records were complete per regulation requirements. LPA conducted
20	a sample review of centrally stored medication records (CSMR). LPA noted at this time there were no
21	violations or citations issued as a result of this annual facility inspection.
22	
23	Exit interview, report read, and report provided.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley
NAME OF LICENSING PROGRAM ANALYST: Mark Jeffries

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 04/28/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 04/28/2025

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.