

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 425801937  
Report Date: 11/30/2021  
Date Signed: 11/30/2021 03:13:58 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: MARAVILLA	FACILITY NUMBER: 425801937
ADMINISTRATOR:GRANDE, RUTH E	FACILITY TYPE: 740
ADDRESS: 5486 CALLE REAL	TELEPHONE: (805) 967-1965
CITY: SANTA BARBARA	STATE: CA
CAPACITY: 131	ZIP CODE: 93111
TYPE OF VISIT: Case Management - Incident	CENSUS: 91
MET WITH: Christina Martinez, Director of Enliven (MC), LVN	DATE: 11/30/2021
	UNANNOUNCED TIME BEGAN: 09:40 AM
	TIME COMPLETED: 03:20 PM

NARRATIVE	
1	Licensing Program Analyst's (LPA's) De Leon and Kontilas conducted a case management visit to the
2	facility above regarding an email from the administrator reporting the death of a resident in care on
3	11/26/2021. LPA's met with Staff Christina Martinez, director of Enliven Memory Care at Maravilla and
4	explained the purpose of the visit. Administrator Ruth Grande arrived around 12:30 pm to talk with
5	LPA's.
6	
7	LPA Kontilas interviewed two staff at the facility regarding the death of the resident.
8	LPA De Leon requested the following records for Resident 1 (R1):
9	LIC. 602A Physicians Report, Appraisal Needs and Services Plan, Pre-Appraisal, Hospital /or Doctors
10	records for visits or discharge, Staff notes, Centrally Stored Medication and Destruct Records,
11	Medication Administration Records, Police Contact Information Case#/ Name/phone number, Enliven
12	Sign in and out sheets for November, POA/Conservator records, Emergency Contact form, Enliven
13	Resident Roster, Enliven Staff Roster with phone numbers, Enliven Staff Schedule for the week of
14	November 21st-27th, Copy of Contract with Agency for staffing, Agency Contract Staff Schedule at
15	Enliven for the week of November 21st-27th, List of Agency Contract staff names and phone numbers,
16	Transfer associations for Agency Contract Staff.
17	
18	The facility has a contract with an agency to provide additional care givers for residents at the facility.
19	The same agency also has contracts with residents and their responsible parties for companionship.
20	Staff 1 (S1) has a contract for care giving with the facility and also has contracts with residents at the
21	facility for companionship. S1 does provide help with feeding for some residents and therefore must be
22	associated to work at the facility due to the fact that S1 provides some type of care and is alone with
23	residents in care at the facility.
24	
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Kelly Burley <b>NAME OF LICENSING PROGRAM ANALYST:</b> Rachael De Leon
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**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/30/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/30/2021

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

LIC809 (FAS) - (06/04)

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**Created By: Rachael De Leon On 11/30/2021 at 01:07 PM**

**Link to Parent Document Below:**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
<b>FACILITY EVALUATION REPORT (Cont)</b>	

**FACILITY NAME:** MARAVILLA

**FACILITY NUMBER:** 425801937

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 11/30/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 11/30/2021 Section Cited	1 (e) All individuals subject to a... 2 (1)...or 3 (2) Request a transfer of a criminal 4 record clearance as specified in 5 Section 87355(c) or 6 7		
	8 Based on record review the licensee 9 did not comply with regulation above 10 and was working without a transfer 11 association which poses an 12 immediate risk to residents in care. 13 14	8 Administrator will sign a statement 9 that no staff will provide any care 10 giving duties until associated to work 11 at the facility. Facility will provide an 12 up to date LIC 500 to LPA. 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.

<b>SUPERVISOR'S NAME:</b>	Kelly Burley
<b>LICENSING EVALUATOR NAME:</b>	Rachael De Leon

LICENSING EVALUATOR SIGNATURE:



DATE: 11/30/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/30/2021

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

### FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: MARAVILLA

FACILITY NUMBER: 425801937

VISIT DATE: 11/30/2021

#### NARRATIVE

1	LPA De Leon referred the death of the resident to Community Care Licensing Investigation Branch (IB)
2	for further investigation.
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4	Exit interview conducted, deficiency cited, civil penalty assessed, copy of report and appeal rights
5	emailed to Administrator.
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NAME OF LICENSING PROGRAM MANAGER: Kelly Burley

NAME OF LICENSING PROGRAM ANALYST: Rachael De Leon

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 11/30/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/30/2021