

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 425850001
Report Date: 03/22/2021
Date Signed: 03/22/2021 07:34:01 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
FACILITY EVALUATION REPORT	

FACILITY NAME: VILLA ALAMAR	FACILITY NUMBER: 425850001
ADMINISTRATOR: LEICHTER, MITCH	FACILITY TYPE: 740
ADDRESS: 45 E ALAMAR AVE	TELEPHONE: (805) 682-9345
CITY: SANTA BARBARA	STATE: CA
CAPACITY: 43	ZIP CODE: 93105
TYPE OF VISIT: Case Management - Incident	CENSUS: 18
MET WITH: Mitch Leichter	DATE: 03/22/2021
	UNANNOUNCED TIME BEGAN: 12:19 PM
	TIME COMPLETED: 01:06 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) JoAnn Rosales conducted a case management investigation
2	telephonically with Administrator Mitch Leichter due to the situation surrounding the Coronavirus
3	Disease 2019 (COVID-19), and to implement mitigation measures.
4	
5	On 3/17/21 LPA received a telephone call from staff #1 (S1) reporting that resident #1 (R1) eloped from
6	the facility that morning. S1 stated that staff had observed R1 10 minutes prior to R1 eloping. S1 stated
7	that staff searched for R1 and called 911. R1 was found by police approximately 1.5 miles away from the
8	facility on 3/17/21 without any injury. S1 stated that R1's family was contacted and R1 was placed with a
9	1:1 caregiver until R1's family picked R1 up from the facility approximately 2 hours later. S1 stated that
10	their maintenance staff checked all exits of the facility to ensure that they were secure. S1 stated that
11	they do not know how R1 was able to elope from the facility.
12	
13	LPA reviewed R1's records on 3/19/21 starting at approximately 11:45 am which revealed that R1 is not
14	able to leave the facility unassisted, has poor safety awareness, needs frequent one-on-one attention
15	and wanders off.
16	
17	During today's visit LPA toured the facility with S1 and interviewed the Administrator. Interview with
18	Administrator on 3/22/21 at 12:53 pm revealed that the facility does not have an Admission Agreement
19	on file for R1. Based on information obtained during the investigation staff failed to supervise R1 on
20	3/17/21 as R1 eloped from the facility and the facility failed to ensure R1 had an Admission Agreement
21	on file.
22	
23	Pursuant to Title 22 Division 6 Chapter 8 of the CA Code of Regulations, the following deficiencies were
24	cited (refer to LIC 809-D):
25	
	A telephonic exit interview was conducted with the Administrator, and a hard copy was provided via email for signature.

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST: Joann Rosales
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 03/22/2021

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 03/22/2021

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: Joann Rosales On 03/22/2021 at 12:01 PM
Link to Parent Document Below:

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: VILLA ALAMAR

FACILITY NUMBER: 425850001

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/22/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 03/23/2021 Section Cited	1 87464 Basic services (f)(1)(c) "Care 2 and supervision" means the facility 3 assumes responsibility for, or 4 provides or promises to provide in the 5 future, ongoing assistance with 6 activities of daily living without which 7 the resident's physical health, mental 8 health, safety, or welfare would be 9 endangered. 10 This requirement is not met as 11 evidenced by:		
	8 Based on interviews and record 9 review, the licensee did not comply 10 with the section cited above as R1 11 left the facility unassisted which 12 poses an immediate health and 13 safety risk to persons in care. 14	8 9 10 11 12 13 14	
Type B 03/29/2021 Section Cited	1 87507 Admission Agreements. (a) 2 The licensee shall complete an 3 individual written admission 4 agreement, as defined in Section 5 87101(a), with each resident or the 6 resident's representative, if any. 7 This requirement is not met as 8 evidenced by:		
	8 Based on interview with 9 Administrator, the licensee failed to 10 ensure that they had a signed 11 admission agreement for R1 which 12	8 9 10 11 12	

13 posed a potential personal rights risk 13
14 to resident's in care. 14

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:	Kristin Heffernan
LICENSING EVALUATOR NAME:	Joann Rosales
LICENSING EVALUATOR SIGNATURE:	
	DATE: 03/22/2021

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 03/22/2021