

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 425850025
Report Date: 08/05/2025
Date Signed: 08/05/2025 12:20:04 PM

Document Has Been Signed on 08/05/2025 12:20 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME: SANTA MARIA TERRACE	FACILITY NUMBER: 425850025
ADMINISTRATOR/ENRIQUEZ, SANJUANA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 1405 E MAIN ST	TELEPHONE: (805) 925-8713
CITY: SANTA MARIA	STATE: CA
CAPACITY: 140	ZIP CODE: 93454
TYPE OF VISIT: Case Management - Deficiencies	CENSUS: 89
	DATE: 08/05/2025
	UNANNOUNCED TIME VISIT/ INSPECTION
	BEGAN: 11:16 AM
MET WITH: Sanjuana Enriquez	TIME VISIT/ INSPECTION
	COMPLETED: 12:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Rankin conducted a Case Management - Incident visit to issue
2	deficiencies on a medication error discovered during a complaint visit. LPA met with the Administrator
3	and Wellness Director and explained the purpose of the visit.
4	
5	During record review conducted for a complaint visit on Resident 1 (R1), LPA noted that physician's
6	orders dated 6/2/25, received 6/16/25 for PRN Tramadol stated, "1 tablet orally at bedtime as needed for
7	pain". During an interview LPA was told that medication was given the morning after an incident and
8	Medication Administration Record (MAR) showed R1 took a PRN tramadol at 9:55 am on 6/27/25. MAR
9	has the order written as "Give 1 tablet by mouth every 24 hours as needed for Pain DNE 1 tab in 24hrs."
10	Review of Facility care plan for R1 and Physician Report for R1 notate that R1 needed medication
11	management from the facility
12	
13	Interview at 3:20 pm on 7/25/25 with prescribing Nurse Practitioner, LPA confirmed that the PRN order
14	was ordered for "bedtime". NP stated prescribed "at night, in case the resident gets tired from the
15	medication, and so they don't fall." Images of medication were provided to LPA which show prescription
16	label of "bedtime" and the order states as noted above that it is 1 tablet at bedtime as needed for pain.
17	
18	
19	Continued on 809-C
20	
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley

NAME OF LICENSING PROGRAM ANALYST: Melisa Rankin

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/05/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/05/2025

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.

LIC809 (FAS) - (09/23)

Page: 2 of 4

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

FACILITY NAME: SANTA MARIA TERRACE

FACILITY NUMBER: 425850025

VISIT DATE: 08/05/2025

NARRATIVE		
1	Based on interviews conducted and record reviews, the facility did not follow physician order when medication was given outside of the prescribed time frame.	
2		
3		
4		Pursuant to Title 22 of the CA Code of Regulations, the following deficiency were cited (refer to LIC 809-D).
5		
6		
7		An exit interview was conducted, a copy of the report, and appeal rights were issued.
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley	
NAME OF LICENSING PROGRAM ANALYST: Melisa Rankin	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/05/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/05/2025

LIC809 (FAS) - (06/04)

Page: 3 of 4

Document Has Been Signed on 08/05/2025 12:20 PM - It Cannot Be Edited

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

FACILITY NAME: SANTA MARIA TERRACE **FACILITY NUMBER:** 425850025

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/05/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 09/05/2025 Section Cited	1 87465 Incidental Medical and Dental 2 Care (a) (4) The licensee shall assist 3 residents with self-administered 4 medications as needed. 5 6 7		
	8 This requirement is not met based on 9 interviews and records reviewed, 10 licensee did not comply with the 11 section cited above when Staff gave 12 R1 a medication at 9:55am, but order 13 and interview with medical 14 professional stated "bedtime", which posed a potential health and safety risk to the resident in care.	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.

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley
NAME OF LICENSING PROGRAM ANALYST: Melisa Rankin
LICENSING PROGRAM ANALYST SIGNATURE: 
DATE: 08/05/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.
FACILITY REPRESENTATIVE SIGNATURE: 
DATE: 08/05/2025