

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 425850025  
Report Date: 08/31/2021  
Date Signed: 08/31/2021 03:59:04 PM

**Document Has Been Signed on 08/31/2021 03:59 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, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: SANTA MARIA TERRACE	FACILITY NUMBER: 425850025
ADMINISTRATOR: ENRIQUEZ, SANJUANA	FACILITY TYPE: 740
ADDRESS: 1405 E MAIN ST	TELEPHONE: (805) 925-8713
CITY: SANTA MARIA	STATE: CA
CAPACITY: 140	ZIP CODE: 93454
TYPE OF VISIT: Required - 1 Year	CENSUS: 85
MET WITH: Sanjuana Enriquez, Administrator	DATE: 08/31/2021
	UNANNOUNCED TIME BEGAN: 11:30 AM
	TIME COMPLETED: 02:50 PM

NARRATIVE	
1	On 8/31/21 at 11:30 AM, Licensing Program Analyst (LPA) Toan Luong contacted Administrator
2	Sanjuana Enriquez to perform a facility risk assessment. LPA conducted an unannounced on-site One
3	Year Infectious Control Annual visit to the facility. LPA met with Administrator Sanjuana Enriquez and
4	explained the purpose of the visit.
5	
6	Administrator took LPA on a physical plant tour of the facility. The facility has submitted a mitigation plan
7	to the department.
8	
9	The facility is a Residential Care Facility for the Elderly. During the facility tour, LPA advised posting
10	signs of CDSS PINs and have PINs readily accessible to residents, visitors, and staff. LPA advised
11	Administrator to have Emergency Disaster Plan contact numbers readily available for staff and residents
12	as it was posted in a frame behind page 1 of LIC 610E. Administrator posted CDSS PINs and displayed
13	contact information from LIC 610E prior to LPA's departure.
14	
15	LPA reviewed the Annual Mitigation Inspection Control Tool Module. Module was addressed with
16	Administrator to satisfaction.
17	
18	LPA reviewed staff roster and noted an individual was working without CDSS clearance. LPA issued an
19	immediate citation.
20	
21	
22	Exit interview was conducted. No other deficiencies were cited. Report and appeal rights emailed to
23	Administrator.
24	
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Kelly Burley
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Toan Luong

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/31/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/31/2021

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 3

**Document Has Been Signed on 08/31/2021 03:59 PM - It Cannot Be Edited**

**Created By: Toan Luong On 08/31/2021 at 02:20 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:** SANTA MARIA TERRACE

**FACILITY NUMBER:** 425850025

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 08/31/2021

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87411(g)(1)	
--	--------	---------------	-----	-------------	--

This requirement is not met as evidenced by: LPA reviewed Guardian and LIS roster and discovered individual has an inactive status. Fingerprints

	<b>Deficient Practice Statement</b>
1 2 3 4	Based on record review and observation of the individual being present at the facility, the licensee did not comply with the section cited above in 1 count, which poses an immediate health, safety or personal rights risk to persons in care.
	<b>POC Due Date:</b> 09/01/2021
	<b>Plan of Correction</b>
1 2 3 4	Facility will remove individual from the roster while the individual completes LIC 9163 Request for Live Scan Services.

	Section Cited			
--	---------------	--	--	--

	<b>Deficient Practice Statement</b>
1 2 3 4	
	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
1 2 3 4	

**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:** Kelly Burley

<b>LICENSING EVALUATOR NAME:</b> Toan Luong
<b>LICENSING EVALUATOR SIGNATURE:</b> 
<b>DATE:</b> 08/31/2021

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b> 
<b>DATE:</b> 08/31/2021