

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 435202665
Report Date: 07/16/2021
Date Signed: 07/16/2021 03:39:39 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, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
FACILITY EVALUATION REPORT	

FACILITY NAME: LOMA CLARA SENIOR LIVING	FACILITY NUMBER: 435202665
ADMINISTRATOR: JOLIE C. HIGGINS	FACILITY TYPE: 740
ADDRESS: 16515 BUTTERFIELD BLVD	TELEPHONE: (669) 258-3500
CITY: MORGAN HILL	STATE: CA
CAPACITY: 89	ZIP CODE: 95037
TYPE OF VISIT: Case Management - Incident	CENSUS: 59
MET WITH: Sarah Serpa, Generation Program Director	DATE: 07/16/2021
	UNANNOUNCED TIME BEGAN: 01:35 PM
	TIME COMPLETED: 02:33 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Christine Dolores and Licensing Program Manager (LPM) Jackie Jin
2	conducted an unannounced case management visit to discuss an incident report submitted to CCL
3	regarding a resident. LPA and LPM met with Sarah Serpa, Generations Program Director.
4	
5	It was reported that R1 was being help against his will and R1 made sexual advancements to staff.
6	
7	LPA and LPM interviewed Resident Care Director, Generation Program Director, and R1 regarding the
8	incident. During interviews, facility staff and resident denied the incident that occurred at the facility.
9	
10	Resident Service Director and Generation Program Director created a plan of action that consist of
11	communication with family and R1's physician regarding behavior and suggestion for a psychological
12	evaluation. R1's medication will be given in the dining room and when staff is not comfortable in going
13	into R1's apartment alone, they will ask another staff to accompany staff into apartment.
14	
15	LPA and LPM obtained a copy of R1's physician report, needs and services plan, and care notes.
16	
17	No deficiencies cited during today's visit.
18	
19	
20	This report was reviewed with Sarah Serpa, Generation Program Director. Copy of this report provided.
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Jackie Jin NAME OF LICENSING PROGRAM ANALYST: Christine Dolores

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/16/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/16/2021

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