

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 565800366
Report Date: 05/22/2025
Date Signed: 05/22/2025 12:03:47 PM

Substantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/06/2024** and conducted by Evaluator Kelly Dulek

	COMPLAINT CONTROL NUMBER: 29-AS-20241106103236
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FACILITY NAME: ATRIA HILLCREST	FACILITY NUMBER: 565800366
ADMINISTRATOR: REMON PAGELS	FACILITY TYPE: 740
ADDRESS: 405 HODENCAMP RD	TELEPHONE: (805) 373-0606
CITY: THOUSAND OAKS	STATE: CA ZIP CODE: 91360
CAPACITY: 207	CENSUS: 125 DATE: 05/22/2025
MET WITH: Remon Pagels	UNANNOUNCED TIME BEGAN: 09:28 AM
	TIME COMPLETED: 12:10 PM

ALLEGATION(S):

1	Staff are not assisting residents with feeding
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kelly Dulek conducted a subsequent complaint investigation for the
2	allegation listed above. LPA arrived at the facility at 09:28AM and met with Executive Director (ED)
3	Remon Pagels. Entrance interview conducted.
4	
5	During an unrelated visit conducted on 04/24/2025, LPA interviewed ED throughout the visit and
6	reviewed and obtained copies of additional relevant documents. During an initial complaint visit
7	conducted on 11/13/2024, LPA interviewed ED at 09:55AM, reviewed resident records beginning at
8	10:32AM, toured the facility at 11:38AM, interviewed resident's family member at 11:44AM, and
9	conducted staff interviews from 11:59AM to 1:10PM. LPA also obtained copies of pertinent documents.
10	Throughout the course of the investigation, LPA reviewed all documents obtained and telephonically
11	interviewed other relevant parties. The following was then determined:
12	
13	Report Continued on LIC 9099-C

Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan

NAME OF LICENSING PROGRAM ANALYST: Kelly Dulek

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/22/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/22/2025

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

LIC9099 (FAS) - (06/04)

Page: 1 of 4

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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

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: ATRIA HILLCREST

FACILITY NUMBER: 565800366

VISIT DATE: 05/22/2025

NARRATIVE

1 It was alleged that staff are prohibited from assisting residents with feeding, including Resident #1 (R1)
2 and Resident #2 (R2) who reside in the facility's memory care unit and are receiving hospice care
3 services. During the initial complaint visit, LPA interviewed multiple staff, Administrator and Corporate
4 office representative. All employees interviewed indicated this facility does not assist residents with
5 feeding. ED indicated all families are aware of the Atria policy and the facility's Admission Agreement
6 indicates Atria does not provide these services. Review of Acceptance and Retention criteria revealed
7 that residents "must have the ability to feed him or herself." LPA reviewed the Admission Agreement
8 signed by R1's representative, which does include the attachment referenced, however, the Admission
9 Agreement that was submitted to Community Care Licensing Division (CCLD) upon licensure does not
10 include this Attachment nor any policy indicating residents must be able to feed themselves. LPA
11 confirmed with ED that the facility's Admission Agreement and current related policies have not been
12 sent to nor approved by CCLD. Interview with ED and corporate representative revealed that the facility
13 is not staffed to assist with feeding residents and residents in the facility need to be able to feed
14 themselves or have a private caregiver or family member to assist with resident's feeding. ED reiterated
15 that facility staff do not assist residents with feeding. Corporate representative stated that if a resident
16 declines and requires any of the services Atria does not offer, as outlined in the Acceptance and
17 Retention Criteria (such as puree food, thickened liquids, or feeding assistance) that the facility staff
18 may assist the resident for up to 30 days while an eviction notice is served to the resident. However,
19 interviews conducted during the initial complaint visit revealed that staff have been instructed not to
20 assist with feeding, as it is against policy. None of the care staff interviewed mentioned they are able to
21 assist with feeding temporarily while a resident is relocated. Instead, all care staff interviewed stated
22 they have been instructed that assisting residents with feeding is against policy.
23

24 As far as R1, ED stated that R1 passed away under hospice care, but near the end R1 had a private
25 companion to assist in feeding R1. Record review revealed that in a fax dated 09/20/2024, facility staff
26 communicated to R1's hospice care provider "[R1] needs to be fed by care staff or else [R1] won't eat."
27 However, interview revealed care staff are not allowed to assist residents with feeding. In the case of
28 R2, ED stated that R2's family member is present for 2 (two) meals a day 6 (six) days a week and when
29 R2's family member isn't present, R2 will still pick at their food. Interview with R2's family member
30 revealed that they assume the staff are spoon feeding R2 when the family member is not present at the
31 facility. R2's family member appeared to be unaware of Atria's policy related to feeding. Staff did state
32 R2 will sometimes feed

Report Continued on LIC 9099-C

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan

NAME OF LICENSING PROGRAM ANALYST: Kelly Dulek

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/22/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/22/2025

Control Number 29-AS-20241106103236

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
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FACILITY NAME: ATRIA HILLCREST

FACILITY NUMBER: 565800366

VISIT DATE: 05/22/2025

NARRATIVE	
1	themselves if the food is placed in their hand, but staff have been reminded this is not allowed per Atria
2	policy. Review of Atria plan of operation revealed that “the community must provide assistance and care
3	for the resident in those activities of daily living which the resident is unable to do for himself/herself...
4	The community must provide this assistance and cannot delegate this care to family members, private
5	duty personnel, outside agencies, etc.,” which is consistent with Title 22 Regulation. Both ED and
6	corporate representative interviews revealed the facility is delegating ADL care such as feeding to
7	private duty aides and family members, contrary to the facility policy. ED also stated that per ED's
8	conversation with corporate, that changes to both the Admission Agreement and facility's policies related
9	to feeding and care services offered were not submitted to CCLD for approval. Based on interview and
10	record review, the preponderance of evidence standard has been met, therefore, the allegation “staff are
11	not assisting residents with feeding” is deemed SUBSTANTIATED at this time.
12	
13	Pursuant to Title 22, California Code of Regulations and/or CA Health and Safety Code, the following
14	deficiency is cited (refer to LIC9099-D).
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16	Exit interview conducted, appeal rights discussed, and a copy of this report was provided.
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NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan NAME OF LICENSING PROGRAM ANALYST: Kelly Dulek LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 05/22/2025
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/22/2025
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FACILITY NUMBER: 565800366

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/22/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)

<p>Type B 06/06/2025 Section Cited CCR 87208(a)</p>	<p>1 87208 (a) The licensee shall have and 2 maintain a current, written definitive 3 plan of operation for the 4 facility...significant changes in the plan 5 of operation which would affect the 6 services to residents shall be submitted 7 to the licensing agency for approval... This requirement is not met as evidenced by:</p>	<p>1 Executive Director agreed to contact 2 corporate to amend and submit the 3 facility's plan of operation and related 4 documents to CCL for approval by POC 5 due date. 6 7</p>
	<p>8 Based on interview and record review, 9 the facility has changed it's policies and 10 Admission Agreement as it relates to 11 care services offered to residents, 12 however no approval was obtained 13 from the Department, which poses a 14 potential health and personal rights risk to persons in care.</p>	
	<p>1 2 3 4 5 6 7</p>	<p>1 2 3 4 5 6 7</p>
	<p>1 2 3 4 5 6 7</p>	<p>1 2 3 4 5 6 7</p>

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: Kristin Heffernan NAME OF LICENSING PROGRAM ANALYST: Kelly Dulek LICENSING PROGRAM ANALYST SIGNATURE:		DATE: 05/22/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 05/22/2025