

Department of

# SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 565800476

Report Date: 09/18/2025

Date Signed: 09/18/2025 06:17:15 PM

## Substantiated

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/25/2025** and conducted by Evaluator Valeria Conway

	<b>COMPLAINT CONTROL NUMBER: 29-AS-20250625091704</b>
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<b>FACILITY NAME:</b> ATRIA LAS POSAS	<b>FACILITY NUMBER:</b> 565800476
<b>ADMINISTRATOR:</b> AMBER WINTERSTEIN	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 24 LAS POSAS RD	<b>TELEPHONE:</b> (805) 987-9872
<b>CITY:</b> CAMARILLO	<b>ZIP CODE:</b> 93010
<b>CAPACITY:</b> 140	<b>DATE:</b> 09/18/2025
<b>MET WITH:</b> Amber Winterstein	<b>UNANNOUNCED TIME BEGAN:</b> 10:10 AM
	<b>TIME COMPLETED:</b> 11:45 AM

### ALLEGATION(S):

1	Insufficient staffing
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Valeria Conway conducted a subsequent complaint visit with the purpose of delivering findings for the above listed allegation. LPA met with Executive Director (ED), Amber Winterstein. The reason for the visit was stated. Entrance interview conducted.
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5	During today's visit a brief physical plant tour of the facility was conducted to ensure health and safety precautions were met. No immediate health and safety concerns were identified during today's visit.
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8	On 07/03/2025, LPA interviewed the ED and conducted a physical plant tour, including the Life Guidance/Memory Care (LG) unit. LPA obtained copies of documents pertinent to the investigation, reviewed resident files and requested timecards and schedules for all current staff.
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12	Continued on LIC 9099-C
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<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Desaree Perera  
**LICENSING EVALUATOR NAME:** Valeria Conway  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 09/18/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/18/2025

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

LIC9099 (FAS) - (06/04)

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**Control Number 29-AS-20250625091704**

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

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** ATRIA LAS POSAS

**FACILITY NUMBER:** 565800476

**VISIT DATE:** 09/18/2025

### NARRATIVE

1 Continued from LIC 9099

2  
3 It was alleged that the facility is understaffed and that residents' needs are not being met in the LG unit.  
4 The complainant expressed concern that they believe the staff to resident ratio is poor or inadequate  
5 and stated that between the hours of 2:00 PM and 10:00 PM there is no staff available to assist  
6 confused residents in the LG unit who required redirection. An interview conducted on 07/3/2025, with  
7 the ED revealed that management is making efforts to keep the facility fully staffed. The ED stated that  
8 the facility schedules three (3) caregivers, two (2) med-techs and a Director in the Assisted Living (AL)  
9 unit during the AM and two (2) caregivers and two (2) med-techs in the PM. In the LG unit staff are  
10 scheduled as follows three (3) caregivers, one (1) med-tech during the morning (AM), an activity  
11 coordinator and a Director and two (2) caregivers and one (1) med-tech during afternoon (PM) shifts in  
12 the LG unit. Residents interviewed indicated that staffing levels vary from day to day; however, residents  
13 generally reported that the facility often lacks sufficient caregivers, resulting in long wait when  
14 assistance is needed. Staff interviews revealed that staff feel overworked and reported that are often not  
15 enough personnel to meet residents' needs due to insufficient scheduling, approved time off and call-  
16 outs. Staff further disclosed that caregivers are frequently "pulled" from one unit to cover the other,  
17 leaving both units short-staffed. Additionally, staff reported that residents are occasionally left  
18 unattended for short periods when caregivers are assisting residents who wander, attempt to exit the  
19 building, or require temporary two (2) person assistance. Other credible witnesses also reported  
20 observing only one caregiver on the floor while the med-tech was on lunch break (and vice versa) and  
21 further disclosed that family members have occasionally offered to assist in serving meals in the LG unit  
22 due to staff shortages. LPA reviewed timecards and schedules for the LG unit dated June 21-23, 2025,  
23 and June 27-28, 2025. The review revealed the following: On Sunday June 22, the LG unit schedule  
24 reflected one (1) caregiver and one (1) med-tech for the entire day. On Monday June 23 (AM shift), the  
25 schedule reflected one (1) caregiver, and one (1) med-tech. Timecards also showed that staff did not  
26 take a lunch break during this shift and that the activity coordinator is scheduled off on Sundays and  
27 Mondays. On Friday June 27<sup>th</sup> and Saturday June 28<sup>th</sup>, some caregivers were scheduled for double  
28 shifts (6:00 AM-6:00 PM and 5:00 PM to 5:00 AM). In addition, one caregiver was left alone on the floor  
29 for approximately two and a half (2 ½) hours during a shift change. Based on information gathered  
30 during the course of the investigation, there is sufficient evidence to determine that facility is  
31 understaffed in the LG unit. Therefore, the above allegation "Insufficient staffing" is deemed  
32 SUBSTANTIATED at this time.

Continued on LIC 9099-C

**SUPERVISORS NAME:** Desaree Perera  
**LICENSING EVALUATOR NAME:** Valeria Conway  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 09/18/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 09/18/2025

LIC9099 (FAS) - (06/04)

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**Control Number 29-AS-20250625091704**

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

FACILITY NAME: ATRIA LAS POSAS

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VISIT DATE: 09/18/2025

**NARRATIVE**

1 Continued from LIC 9099-C

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3 Pursuant to Title 22, California Code of Regulations and/or CA Health and Safety Code, the following  
4 deficiencies were cited (refer to LIC 809-D.) Administrator was informed that failure to correct the  
5 deficiencies may result in civil penalties.  
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8 An immediate civil penalty of \$250 repeat violation is assessed today due to being cited for the same  
9 violation within 12 months. Administrator was informed that additional civil penalties might be assessed  
10 based on Health and Safety Code 1569.49(e) and 1569.49(f).

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12 Exit interview conducted, appeal rights discussed, and a copy of this report and appeal rights were  
13 provided.  
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LIC9099 (FAS) - (06/04)

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**Control Number 29-AS-20250625091704****COMPLAINT INVESTIGATION REPORT  
(Cont)**

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FACILITY NUMBER: 565800476

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/18/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/18/2025 Section Cited	1 87411(a) Personnel Requirements 2 General (a) Facility personnel shall at 3 all times be sufficient in numbers... In 4 facilities licensed for sixteen or more,	1 The Executive Director agreed to write 2 a statement of understanding reg 3 87411(a). Schedule at least 2 4 caregivers and at least 1 med tech and

CCR 87411(a)	5 6 7 sufficient support staff shall be employed to ensure...This requirement is not met as evidenced by...	5 6 7 submit these to LPA before POC due date.
	8 9 10 11 12 13 14 Based on interviews and record reviews the Executive Director did not comply with the regulation above by not having sufficient support for staff to perform essential duties for residents in care which poses a potential health, safety and personal rights risk to residents in care.	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	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.**

<b>SUPERVISORS NAME:</b> Desaree Perera <b>LICENSING EVALUATOR NAME:</b> Valeria Conway <b>LICENSING EVALUATOR SIGNATURE:</b>		<b>DATE:</b> 09/18/2025
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>		
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>		<b>DATE:</b> 09/18/2025