

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565800476
Report Date: 02/26/2021
Date Signed: 02/26/2021 03:27:01 PM

Document Has Been Signed on 02/26/2021 03:27 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
FACILITY EVALUATION REPORT	

FACILITY NAME: ATRIA LAS POSAS	FACILITY NUMBER: 565800476
ADMINISTRATOR: ROBLOE BABASANTA	FACILITY TYPE: 740
ADDRESS: 24 LAS POSAS RD	TELEPHONE: (805) 987-9872
CITY: CAMARILLO	STATE: CA
CAPACITY: 140	ZIP CODE: 93010
TYPE OF VISIT: Case Management - Incident	CENSUS: 97
MET WITH: Deedee Higgins	DATE: 02/26/2021
	UNANNOUNCED TIME BEGAN: 02:06 PM
	TIME COMPLETED: 02:48 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) KaSandra Lopez initiated a Case Management - Incident inspection
2	due to a self-reported incident report. Due to the situation surrounding the Coronavirus Disease 2019
3	(COVID-19), and to implement mitigation measures, today's complaint investigation was conducted
4	telephonically with Life Guidance Director Deedee Higgins as Administrator Robloe Babasanta was
5	unavailable.
6	
7	At 2:06 PM the LPA spoke with Deedee Higgins and explained the reason for today's inspection. On
8	2/25/2021, Community Care Licensing Division received a self-reported Unusual Incident/Injury Report
9	(LIC 624) pertaining to Resident #1 (R1) and Resident #2 (R2). The alleged incident occurred on or
10	around February 23, 2021.
11	
12	At 2:39 PM, Ms. Higgins took the LPA on a physical plant tour via FaceTime of the common areas and
13	the second floor. The LPA did not observe any health and safety concerns at this time. The LPA advised
14	Investigations Branch (IB) Investigator Laura Garcia was assigned to the investigation.
15	
16	Further investigation is needed. The LPA advised she would email Ms. Higgins a list of requested
17	records along with a copy of today's report for signature.
18	
19	
20	
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley
NAME OF LICENSING PROGRAM ANALYST: Kasandra Lopez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/26/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/26/2021

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