

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565800476
Report Date: 06/08/2026
Date Signed: 06/08/2026 07:00:39 PM

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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	
FACILITY EVALUATION REPORT			
FACILITY NAME: ATRIA LAS POSAS		FACILITY NUMBER: 565800476	
ADMINISTRATOR/EDEN TOLENTINO		FACILITY TYPE: 740	
DIRECTOR:			
ADDRESS: 24 LAS POSAS RD		TELEPHONE: (805) 987-9872	
CITY: CAMARILLO		ZIP CODE: 93010	
CAPACITY: 140		DATE: 06/08/2026	
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME VISIT/ INSPECTION 09:30 AM	
MET WITH: Kenneth "Ken" Mahler		BEGAN: TIME VISIT/ INSPECTION 05:15 PM	
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analysts (LPAs) Valeria Conway and Martha Arroyo arrived at the facility at 9:30		
2	A.M., for an unannounced required annual inspection. LPAs met with Executive Director, Kenneth "Ken"		
3	Mahler and discussed the reason for the visit. Entrance interview conducted.		
4			
5	Beginning at 9:40 A.M., the LPAs along with the ED and the Maintenance Technician, Daniel Mitchell,		
6	toured the physical plant areas inside and outside to ensure there are no health and safety hazards, and		
7	facility is in compliance with Title 22 Regulations. The facility is a two-story and ground floor building.		
8	The following was observed:		
9			
10	A fire alarm inspection was conducted by Johnson Controls Fire Protection on 05/20/2026, all		
11	deficiencies noted on report were repaired and/or corrected. Several fire extinguishers throughout the		
12	building were observed to be fully charged and last serviced on 10/11/2025. At 9:45 A.M., carbon		
13	monoxide alarm was tested and properly functioned at the time of the visit.		
14			
15	RESIDENT ROOMS/RESTROOMS: A random selection of 9 (nine) resident rooms in the assisted living		
16	side and two (2) random resident rooms in the Life Guidance (Memory Care) were observed. All resident		
17	rooms were furnished appropriately, with clean linens and appropriate furnishings and were equipped		
18	with a refrigerator, sink, and microwave and contain private restrooms. The bathrooms were observed to		
19	be safe and sanitary with grab bars and slip-resistant surfaces and were sufficiently stocked with		
20	supplies and paper towels. Starting at 9:42 A.M., the hot water temperature was measured in all rooms		
21	inspected and was within the regulation range of 105-120 degrees Fahrenheit.		
22			
23	Continued on LIC 809-C		
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Desaree Perera			
NAME OF LICENSING PROGRAM ANALYST: Valeria Conway			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/08/2026

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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Created By: Valeria Conway On 06/08/2026 at 03:40 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
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: ATRIA LAS POSAS	FACILITY NUMBER: 565800476
DEFICIENCY INFORMATION FOR THIS PAGE:	VISIT DATE: 06/08/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
Deficiency Dismissed	Type B	Section Cited	CCR	87312	
87312 Motor Vehicles Used in Transporting Residents Only drivers licensed for the type of vehicle operated shall be permitted to transport residents. The rated seating capacity of the vehicles shall not be exceeded. Any vehicle used by the facility to transport residents shall be maintained in a safe operating condition. This requirement is not met as evidenced by:					
Deficient Practice Statement					
1	Based on observation and record review, the licensee did not comply with the section cited above as the				
2	facilities' vehicles used to transport residents were not covered by automobile liability insurance (expired				
3	on 06/01/2026) while being operated on public roads which poses a potential health, safety or personal				
4	rights risk to persons in care.				
POC Due Date: 06/12/2026					
Plan of Correction					
1	ED agreed to provide current liability insurance for the Ford Flex and facility's bus.				
2					
3					
4					
Section Cited					
Deficient Practice Statement					
1					
2					
3					
4					
POC Due Date:					
Plan of Correction					
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.

NAME OF LICENSING PROGRAM MANAGER:	Desaree Perera
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ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/08/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
WOODLAND HILLS N.ASC, 21731 VENTURA
BLVD. #250
WOODLAND HILLS, CA 91364

FACILITY NAME: ATRIA LAS POSAS

FACILITY NUMBER: 565800476

VISIT DATE: 06/08/2026

NARRATIVE

1 Continued from LIC 809

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COMMON SPACES: In the common areas, walls, flooring, and furnishings were checked for cleanliness and good condition. Fireplaces were observed to be adequately screened. LPAs observed the required postings in the common hallway and throughout the building. All hallways and egresses were observed to be free of obstructions. The LPAs observed the stairwells, and they each had an emergency evacuation chair.

KITCHEN: The main kitchen and dining room are located on the 2nd floor. Food is prepared in the main kitchen and delivered to the dining area and the Life Guidance (Memory Care) dining room. Facility dining room and commercial kitchen were inspected and found to be in compliance with Title 22 regulations. LPAs observed a minimum of two (2) days perishable and seven (7) days non-perishable foods. LPAs inspected refrigerator and pantry for expiration dates. Kitchen appliances were in operable condition. LPAs observed a sufficient supply of emergency food and water. All knives and cleaning supplies were observed to be properly stored at the time of the visit.

OUTDOOR SPACES: The LPAs and ED toured the outside areas of the facility. The Assisted Living and Life Guidance contained 2 (two) courtyards for resident use. During today's visit the LPAs observed three (3) operational water fountains on the premises. Two (2) fountains are located in the assisted living area and the other is situated within the Life Guidance unit. The LPAs observed appropriate outdoor furniture, with a covered shaded area for resident use.

RECORD REVIEW: Starting at 11:30 A.M. ten (10) resident files were reviewed for, but not limited to, the following: signed admission agreements, current medical assessments with TB results, Consent for Treatment form, and current needs and services plan. All records were in order.

Ten (10) personnel files were reviewed for, but not limited to: personnel records, health assessments with TB results, criminal record clearances, first aid/CPR training, and the appropriate yearly training. All files were complete.

Continued on LIC 809-C

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera

NAME OF LICENSING PROGRAM ANALYST: Valeria Conway

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/08/2026

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** ATRIA LAS POSAS**FACILITY NUMBER:** 565800476**VISIT DATE:** 06/08/2026**NARRATIVE**1 Continued from LIC 809-C
23 **MEDICATIONS:** Medications for the Assisted Living Unit and the Life Guidance unit are centrally stored
4 and locked in their medication room. Medication review began at 2:05 P.M. LPA Conway along with
5 Gabrielle Richwine, audited the current prescribed medications for five (5) residents and compared the
6 medications on hand with the Centrally Stored Medication and Destruction Record (LIC 622). LPA
7 observed that some medications being dispensed to residents were not listed on the LIC 622.
89 **INTERVIEWS:** Throughout today's visit, LPAs interviewed eight (8) residents and 4 (four) staff members.
1011 **INFECTION CONTROL/EMERGENCY DISASTER:** LPAs also reviewed the facility's Emergency
12 Disaster Plan, which was observed to be complete and updated annually as required. Emergency
13 Disaster drills are conducted quarterly, with the last drill documented on 03/01/2026. Daily vehicle
14 inspection list, current registration, and insurance documentation for two (2) facility vehicles were
15 reviewed. LPAs observed that the insurance coverage for both vehicles had expired on 06/01/2026.
16 During today's visit LPAs obtained a copy of the facility's LIC 500, resident roster and liability insurance.
17 Liability insurance provided had an expiration date of 06/01/2026.
1819 Pursuant to Title 22, California Code of Regulations and/or CA Health and Safety Code, the following
20 deficiencies were cited (refer to LIC 809-D.) Administrator was informed that failure to correct the
21 deficiencies may result in civil penalties.
2223 Exit interview conducted, appeal rights discussed, and a copy of this report and appeal rights were
24 provided.
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32**NAME OF LICENSING PROGRAM MANAGER:** Desaree Perera**NAME OF LICENSING PROGRAM ANALYST:** Valeria Conway**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 06/08/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and
received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 06/08/2026

LIC809 (FAS) - (06/04)

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Document Has Been Signed on 06/08/2026 07:00 PM - It Cannot Be Edited**Created By: Valeria Conway On 06/08/2026 at 04:27 PM**
Link to Parent Document Below:**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** ATRIA LAS POSAS**FACILITY NUMBER:** 565800476**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 06/08/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

Deficiency Dismissed	Type B	Section Cited	HSC	1569.605	
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Other Provisions

On and after July 1, 2015, all residential care facilities for the elderly, except those facilities that are an integral part of a continuing care retirement community, shall maintain liability insurance covering injury to residents and guests in the amount of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the total annual aggregate, caused by the negligent acts or omissions to act of, or neglect by, the licensee or its employees.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation and record review, the licensee did not comply with the section cited above as their business liability insurance had expired on 06/01/2026 which poses a potential health, safety or personal rights risk to persons in care.
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4	
	POC Due Date: 06/12/2026
	Plan of Correction
1	ED agreed to provide current liability insurance covering injury to residents and guests in the amount of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the total annual aggregate, caused by the negligent acts or omissions to act of, or neglect by, the licensee or its employees. prior to POC due date.
2	
3	
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	Type B	Section Cited	CCR	87506(a)	
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Resident Records

(a) The licensee shall ensure that a separate, complete, and current record is maintained for each resident in the facility or in a central administrative location readily available to facility staff and to licensing agency staff.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation and record review, the licensee did not comply with the section cited above as some of the medications on hand compared to the Centrally Stored Medication and Destruction Record (LIC 622) were not listed on the LIC 622 which poses/posed a potential health, safety or personal rights risk to persons in care.
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3	
4	
	POC Due Date: 06/23/2026
	Plan of Correction
1	ED agreed to provide an in-service training to all MedTechs regarding medication documentation requirements, ensure that all current LIC 622 are accurately complete and implement disciplinary action, if applicable, for staff found to be noncompliant with facility policies and procedures. Proof of in-service training and other documentation will be provided to LPA prior to POC due date.
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.

NAME OF LICENSING PROGRAM MANAGER:	Desaree Perera
NAME OF LICENSING PROGRAM ANALYST:	Valeria Conway
LICENSING PROGRAM ANALYST SIGNATURE:	
 DATE: 06/08/2026	
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
 DATE: 06/08/2026	