

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 565800476
Report Date: 08/03/2021
Date Signed: 08/03/2021 06:53:00 PM

Unsubstantiated

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 **12/05/2019** and conducted by Evaluator Angel Ascencio

	COMPLAINT CONTROL NUMBER: 31-AS-20191205163847
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FACILITY NAME: ATRIA LAS POSAS	FACILITY NUMBER: 565800476
ADMINISTRATOR: BERARD, MARTHA C	FACILITY TYPE: 740
ADDRESS: 24 LAS POSAS RD	TELEPHONE: (805) 987-9872
CITY: CAMARILLO	STATE: CA ZIP CODE: 93010
CAPACITY: 140	CENSUS: 125 DATE: 08/03/2021
MET WITH: Robloe Babasanta	UNANNOUNCED TIME BEGAN: 03:21 PM
	TIME COMPLETED: 04:33 PM

ALLEGATION(S):

1	Resident is not getting her needs met.
2	Facility is failing to adhere to a special diet for the resident.
3	Resident was placed at the facility against her will.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Angel Ascencio made an unannounced visit to the facility at
2	approximately 3:25 PM on 08/03/2021 to deliver the finding regarding the above allegations. LPA was
3	met by staff and explained the reason for the visit.
4	
5	The Department received a complaint on 12/05/2020 that indicated resident #1 (R1) was not getting their
6	needs met, as R1 would like a private caregiver. Interview with R1 on 5/28/2020 at 2:28 pm revealed that
7	R1 feels that the facility is not meeting their needs as they would like to have a private caregiver with
8	them when they go to the doctors and the facility does not provide that. Interview with Administrator on
9	4/29/2020 at 3:03 pm revealed that R1 has a private caregiver for 4 hours a day, 3 times a week for
10	doctor appointments and grocery shopping.
11	
12	Continued on LIC 809-C
13	

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST: Angel Ascencio
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/03/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/03/2021

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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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 LAS POSAS

FACILITY NUMBER: 565800476

VISIT DATE: 08/03/2021

NARRATIVE

1 An additional concern is that the facility is failing to adhere to R1's special diet as the
2 facility is not providing the food that R1 needs and it is making R1 sick. Interview
3 with R1 on 5/28/2020 at 2:28 pm, revealed that facility would meet with R1 to go
4 over menus. R1 stated that there were a couple of weeks that they did not receive
5 the menus. R1 stated that there were times that R1 would refuse to meet with the
6 chef. Interview with the Administrator on 4/29/2020 at 3:03 pm, revealed that chef
7 and the Administrator would go to R1's room weekly and spend an hour making up a
8 modified menu for R1.
9

10
11 Administrator stated that R1 would pick and choose what they wanted to eat.
12 Administrator stated that R1 would make up their own rules regarding their diet and
13 would insist on eating foods that were not part of their modified diet. Administrator
14 also stated that R1 would bring in foods from outside that they were not supposed to
15 be eating. R1 records on reviewed on 5/28/2020 starting at 1:25 pm shows that the
16 Resident Functional Needs Assessment dated 10/3/19 indicates that R1 has a
17 physician's ordered specific diet which R1 cannot manage on their own and staff
18 reviews weekly meals with R1. In addition, a food list is provided to kitchen staff
19 weekly. LPA observed weekly menus from 11/3/19 to 12/8/19, which the
20 Administrator indicated that they reviewed with R1 to accommodate their dietary
21 restrictions.
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26 Lastly, it is being alleged R1 was placed at the facility against their will. Interview with
27 R1 on 5/28/2020 at 2:28 pm, revealed that they were not placed at the facility
28 against their will they. R1 stated that they were unable to stay at the place that there
29 were previously living at so their family member showed them the room at this facility
30 and paid the rent so that they could move in. R1's records reviewed on 6/2/2020
31 starting at 8:22 am revealed that R1's lease agreement was signed by R1's family
32 member. Based on the information obtained during the course of the investigation,
the above allegations are deemed UNSUBSTANTIATED at this time.

Exit interview conducted and a copy of this report issued via email.

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST: Angel Ascencio
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/03/2021

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/03/2021