

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565800734

Report Date: 04/01/2021

Date Signed: 04/01/2021 03:58:21 PM

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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	
FACILITY EVALUATION REPORT			
FACILITY NAME: HILLCREST ROYALE		FACILITY NUMBER:	565800734
ADMINISTRATOR: INGA JAKOBOVICH		FACILITY TYPE:	740
ADDRESS:	190 EAST HILLCREST DRIVE	TELEPHONE:	(805) 371-0035
CITY:	THOUSAND OAKS	STATE: CA	ZIP CODE: 91360
CAPACITY:	145	CENSUS: 87	DATE: 04/01/2021
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED TIME BEGAN:	03:20 PM
MET WITH:	Inga Jakobovich	TIME COMPLETED:	03:45 PM
NARRATIVE			
1	Licensing Program Analyst (LPA) Ashley Smith initiated a Case Management-Incident visit to the facility		
2	above. Due to the situation surrounding the Coronavirus Disease 2019 (COVID-19), and to implement		
3	mitigation measures, today's complaint investigation was conducted virtually via FaceTime with		
4	Administrator Inga Jakobovich.		
5			
6	On 04/01/2021, the facility submitted an Unusual Incident Report, noting that on 3/16/2021, redness was		
7	observed near Resident #1's (R1) coccyx. R1 was taken to urgent care and home health was initiated.		
8	Per the report, the wound was staged as a Stage 2, possibly a Stage 3 pressure injury. A wound		
9	specialist came to assess and daily nursing visits began 3/18/2021. The wound was reassessed on		
10	3/30/2021 and it was confirmed that although the wound was not infected, it was identified as a Stage 4		
11	pressure injury. R1 was transported to the hospital on 3/30/2021 and remains at the hospital at this time.		
12	The Administrator stated that they left a message for the On-Duty Worker regarding this incident on		
13	approximately 3/19/2021.		
14			
15	During today's visit, the LPA completed a virtual physical plant tour with the Administrator. No immediate		
16	health and safety concerns were observed during today's virtual tour.		
17			
18	Further investigation is required prior to issuing findings. Exit interview conducted. A copy of the report		
19	was emailed for signature. The LPA requested pertinent documents to be emailed or faxed to the		
20	Department within the next 24-48 hours.		
21			
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Jeralyn Ann Pfannenstiel			
NAME OF LICENSING PROGRAM ANALYST: Ashley Smith			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/01/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/01/2021

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