

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 565801532  
Report Date: 02/16/2023  
Date Signed: 02/16/2023 11:29:51 AM

Document Has Been Signed on 02/16/2023 11:29 AM - 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: NORMA J'S HOME FOR THE ELDERLY, THE	FACILITY NUMBER: 565801532
ADMINISTRATOR: LORETTA LOUISE TIEDE	FACILITY TYPE: 740
ADDRESS: 142 W. COLUMBIA ROAD	TELEPHONE: (818) 422-7667
CITY: THOUSAND OAKS STATE: CA	ZIP CODE: 91360
CAPACITY: 6 CENSUS: 6	DATE: 02/16/2023
TYPE OF VISIT: Case Management - Deficiencies	UNANNOUNCED TIME BEGAN: 10:13 AM
MET WITH: Susana Vincecruz	TIME COMPLETED: 11:45 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Martha Arroyo conducted a Case Management - Deficiencies visit in
2	conjunction with a complaint visit (Complaint Control # 29-AS-20220325091634). The purpose of the
3	visit is to issue a citation for a deficiency observed during the complaint investigation.
4	
5	During the complaint investigation of complaint # 29-AS-20220325091634, the following deficiency was
6	observed: On 01/28/2022, Resident #1 (R1) was admitted to the facility. The Physician's Report, dated
7	01/28/2022, lists R1 has having no capacity for self-care which is a prohibited health condition. The
8	licensee did not submit an exception request to admit and retain a resident with a prohibited health
9	condition.
10	
11	Exit Interview. Citation issued. Appeal Rights discussed. Report was reviewed with staff Susana and a
12	copy of report was given.
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Desaree Perera
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Martha Arroyo

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 02/16/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 02/16/2023

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

LIC809 (FAS) - (06/04)

Page: 1 of 2

**Document Has Been Signed on 02/16/2023 11:29 AM - It Cannot Be Edited**

**Created By: Martha Arroyo On 02/16/2023 at 10:21 AM**

**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
<b>FACILITY EVALUATION REPORT (Cont)</b>	

**FACILITY NAME:** NORMA J'S HOME FOR THE ELDERLY, THE

**FACILITY NUMBER:** 565801532

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 02/16/2023

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
<b>Deficiency Dismissed</b> Type A 02/16/2023 Section Cited	1 2 3 4 5 6 7	Persons who require health services for or have a health condition...shall not be admitted or retained in a residential care facility for the elderly: (5) Residents who depend on others to perform all activities of daily living for them as set forth in Section 87459, Functional Capabilities. This requirement is not met as evidenced by:	
	8 9 10 11 12 13 14	Based on record review, the licensee admitted and retained R1 who had no capacity for self-care, which posed an immediate health and safety 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		

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>SUPERVISOR'S NAME:</b>	Desaree Perera
<b>LICENSING EVALUATOR NAME:</b>	Martha Arroyo

**LICENSING EVALUATOR SIGNATURE:**



**DATE:** 02/16/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 02/16/2023