

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 565801876
Report Date: 06/20/2022
Date Signed: 06/20/2022 01:45:10 PM

Substantiated

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 **06/10/2022** and conducted by Evaluator Ashley Smith

	COMPLAINT CONTROL NUMBER: 29-AS-20220610141057
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FACILITY NAME: ATRIA GRAND OAKS	FACILITY NUMBER: 565801876
ADMINISTRATOR: BRIAN LARIOS	FACILITY TYPE: 740
ADDRESS: 2177 E THOUSAND OAKS BLVD	TELEPHONE: (805) 370-5400
CITY: THOUSAND OAKS	STATE: CA ZIP CODE: 91362
CAPACITY: 140	CENSUS: 88 DATE: 06/20/2022
MET WITH: Brian Larios	UNANNOUNCED TIME BEGAN: 09:00 AM
	TIME COMPLETED: 01:50 PM

ALLEGATION(S):

1	Facility is in disrepair
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Ashley Smith arrived unannounced for an initial 10-day visit. The LPA
2	met with Executive Director Brian Larios and explained the reason for the visit. Today, the LPA conducted
3	a tour at 10:20 a.m., observed lunch service from 12:00 p.m. – 12:40 p.m., interviewed staff at 9:15 a.m.
4	and 11:32 a.m., and spoke with residents at 10:30 a.m., 10:43 a.m., 10:50 a.m., and 10:59 a.m., and
5	throughout lunch service from 12:42 p.m. – 1:00 p.m.
6	
7	Regarding the above allegation, it was alleged that the flooring is uneven on the second and third floor.
8	During the physical plant tour, the LPA observed several areas where there was a 'hole' or a noticeable
9	dip in the flooring. Resident interviews confirmed that residents were worried about tripping and falling,
10	as many residents ambulate with a walker or a wheelchair. Observations confirmed that the uneven
11	surfaces pose a safety hazard to the residents. There is sufficient evidence to support the claim that the
12	facility is in disrepair. This allegation is deemed Substantiated at this time. Pursuant to Title 22
13	Regulations, deficiencies were cited (refer to LIC 9099-D). Exit interview conducted, today's report and
	appeal rights were issued.

Substantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Jeralyn Ann Pfannenstiel
NAME OF LICENSING PROGRAM ANALYST: Ashley Smith
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 06/20/2022

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 06/20/2022

This report must be available at Child Care and Group Home facilities for public review for 3 years.
 LIC9099 (FAS) - (06/04) Page: 1 of 3
Control Number 29-AS-20220610141057

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
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FACILITY NAME: ATRIA GRAND OAKS **FACILITY NUMBER:** 565801876
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 06/20/2022

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/05/2022 Section Cited CCR 87303(a)	1 87303(a) Maintenance and Operation. 2 (a) The facility shall be clean, safe, 3 sanitary and in good repair at all times. 4 Maintenance shall include provision of 5 maintenance services and procedures 6 for the safety and well-being of 7 residents, employees and visitors. This requirement is not met as evidenced by:	1 The Administrator agreed to do the following: 2 1. Submit a Plan of Action to CCL, 3 documenting the proposed plan in 4 repairing the flooring (ie. holes) on the 5 second and third floor. A reasonable 6 timeline to repair the holes must be 7 proposed. Plan of Action shall be submitted no later than 7/5/2022.
	8 Based on observation and interview, 9 the licensee did not comply with the 10 section cited above as the flooring is 11 uneven, which poses a potential health 12 and safety risk to residents in care. 13 14	8 Approved plan shall also be shared with 9 residents at this facility. 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	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.

NAME OF LICENSING PROGRAM MANAGER: Jeralyn Ann Pfannenstiel
NAME OF LICENSING PROGRAM ANALYST: Ashley Smith
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 06/20/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/20/2022