

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565802425

Report Date: 02/19/2026

Date Signed: 02/19/2026 05:27:26 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 | |

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|---|----------------------------------|
| FACILITY NAME: VISTAS AT OXNARD SENIOR LIVING,THE | FACILITY NUMBER: 565802425 |
| ADMINISTRATOR/FRANCESCA WEST | FACILITY TYPE: 740 |
| DIRECTOR: | |
| ADDRESS: 2211 E GONZALES RD | TELEPHONE: (805) 819-2518 |
| CITY: OXNARD STATE: CA | ZIP CODE: 93036 |
| CAPACITY: 100 CENSUS: 42 | DATE: 02/19/2026 |
| TYPE OF VISIT: Case Management - Deficiencies UNANNOUNCED | TIME VISIT/INSPECTION: 09:50 AM |
| | BEGAN: 05:35 PM |
| MET WITH: Francesca West, ED | TIME VISIT/INSPECTION COMPLETED: |

NARRATIVE

1 Licensing Program Analysts (LPAs) Emily Peraldi and Quoc Huynh conducted an unannounced Case
2 Management visit in conjunction with Complaint #29-AS-20251219143302. At 9:57 a.m. The LPAs met
3 with Executive Director (ED) Francesca West and explained the reason for the visit. Entrance interview
4 conducted.
5
6 During today's visit between 10:30 a.m. and 3:08 p.m., LPAs reviewed and obtained pertinent
7 documents, interviewed the ED, and conducted a physical plant tour. Between 1:44 p.m. and 3:05 p.m.,
8 the LPAs conducted a review of medication and medication documentation with the ED for three (3)
9 residents.
10 During the review of resident medication and documentation, it was observed that two (2) out of three
11 (3) residents' centrally stored medication and destruction record (CSMDR) were not updated and
12 documented correctly. The ED stated that she will review the facilities medication procedures and
13 ensure that all CSMDR are current and accurate.
14
15 The LPAs also followed up on a self-reported incident report dated 01/21/2026. The report indicated that
16 on 01/20/2026 a medication error occurred, as Staff #1 (S1) gave Resident #1 (R1) the incorrect
17 medication. The error was identified and staff monitored R1 for any symptoms. It was also noted that
18 R1's responsible party and physician were notified of the medication error. During today's visit, LPA
19 Peraldi cited for medication errors on the above mentioned Complaint.
20
21 Per the California Code of Regulations, Title 22, Division 6, Chapter 8, the following deficiency was
22 observed and cited during the visit (See 9099-D).
23
24
25 Exit interview conducted. A copy of the report and appeal rights were provided.

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan

NAME OF LICENSING PROGRAM ANALYST: Emily Peraldi

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/19/2026

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**FACILITY REPRESENTATIVE SIGNATURE:**

DATE: 02/19/2026

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 Ill, 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: Emily Peraldi On 02/19/2026 at 04:52 PM
Link to Parent Document Below:

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont) | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364 |
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FACILITY NAME: VISTAS AT OXNARD SENIOR LIVING,THE

FACILITY NUMBER: 565802425

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/19/2026

| Deficiency Type POC Due Date / Section Number | DEFICIENCIES | PLAN OF CORRECTIONS(POCs) |
|--|--|---|
| Type B 02/27/2026 Section Cited CCR 87465(h)(6) | 1 87465Incidental Medical and Dental 2 Care. (h) The following requirements 3 shall apply to medications which are 4 centrally stored: (6) The licensee shall 5 be responsible for assuring that a 6 record of centrally stored prescription 7 medications...This requirement is not met as evidenced by: | 1 The ED stated that she will review the 2 facilities medication procedures and 3 ensure that all CSMDR are current and 4 accurate. 5 6 7 |
| | 8 Based on medication review and 9 interview, the licensee did not comply 10 with the section cited above as two (2) 11 out of three (3) residents' CSMDR 12 which poses a potential health, safety 13 or personal rights risk to persons in 14 care. | |
| | | |
| | | |

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

| | |
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| NAME OF LICENSING PROGRAM MANAGER: | Kristin Heffernan |
| NAME OF LICENSING PROGRAM ANALYST: | Emily Peraldi |

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/19/2026