

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565802462

Report Date: 11/22/2021

Date Signed: 11/22/2021 05:54:51 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: SAGE MOUNTAIN SENIOR LIVING		FACILITY NUMBER: 565802462	
ADMINISTRATOR: JILL FORD		FACILITY TYPE: 740	
ADDRESS: 3499 GRANDE VISTA DR		TELEPHONE: (805) 375-0695	
CITY: THOUSAND OAKS		STATE: CA ZIP CODE: 91320	
CAPACITY: 145		CENSUS: 90 DATE: 11/22/2021	
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME BEGAN: 12:24 PM	
MET WITH: Hannah Robertson		TIME COMPLETED: 05:00 PM	
NARRATIVE			
1	Licensing Program Analyst (LPA) KaSandra Lopez conducted an unannounced Required 1 - Year		
2	inspection at the facility today. The LPA met with Business Office Manager Hannah Robertson at 12:28		
3	PM and explained the reason for today's visit. Administrator Jill Ford was not available for today's visit.		
4			
5	Today's annual has an emphasis on infection control practices and procedures. The LPA, along with		
6	Hannah Robertson, and Maintenance Director Jace Evans conducted a physical plant tour of the inside		
7	and outside of the facility to ensure there are no health and safety hazards and the facility is in		
8	compliance with Title 22 Regulations and the Health and Safety Code.		
9			
10	Common areas - Upon entry into the facility, there is central screening station for signs and symptoms		
11	of COVID-19 and to record contact information. Signs regarding infection control are posted in the		
12	common areas and common bathrooms. The complaint poster and other required postings were		
13	observed by the resident mail boxes. The smoke detectors and fire system is serviced annually. Fire		
14	extinguishers observed were serviced within the last 12 months. Medications are centrally stored in the		
15	medication rooms in the memory care unit and on the third floor in Assisted Living.		
16			
17	Kitchen/Dining area: The LPA toured the kitchen, and kitchen storage areas with Christian Torres,		
18	Director of Culinary Services. The menu was posted. The freezers and refrigerators stored food at the		
19	appropriate temperatures. The facility has a sufficient supply of perishable and non-perishable food.		
20	Although, the facility did not have any bottled water or any other type of stored water for use in case of		
21	an emergency.		
22			
23			
24	Resident Apartments: A random selection of 10 resident apartments were observed between 12:55 PM		
25	and 2:08 PM. The smoke detectors were tested in each room and were operational. The hot water		
	temperature was tested in apartments 109, 104, 220, 259, 234, 248, 224, 309, 305, and 403 and		
	measured between 114.8 and 120 degrees F. Report continued on LIC 809-C.		
NAME OF LICENSING PROGRAM MANAGER: Desaree Perera			
NAME OF LICENSING PROGRAM ANALYST: Kasandra Lopez			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/22/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/22/2021

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

LIC809 (FAS) - (06/04)

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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
CCLD Regional Office, 21731 VENTURA BLVD.
#250
WOODLAND HILLS, CA 91364

FACILITY NAME: SAGE MOUNTAIN SENIOR LIVING

FACILITY NUMBER: 565802462

VISIT DATE: 11/22/2021

NARRATIVE

1 Resident bathroom showers were observed to have grab bars and non-skid strips. Resident apartments
2 were observed to be furnished appropriately. The signal system was tested and is operational. A tour of
3 the memory care unit located on the second floor was conducted. During the tour at 1:34 PM, the LPA
4 observed the laundry room to be unlocked. In the laundry room there was bleach and other cleaning
5 supplies in an unlocked cabinet. The outside memory care patio was observed which is secured by
6 delayed egress gates. The delayed egress gate was tested and found to be operational. During the
7 inspection, it was observed that Staff #1 (S1) was not associated to the facility.

8
9 **INFECTION CONTROL:** During today's visit, the LPA spoke with the Business Office Manager Hannah
10 Robertson regarding the facility's infection control practices. There is 1 entry into the facility. Upon entry,
11 the facility has a central entry point for symptom screening. The facility has at least a 30 day supply of
12 Personal Protective Equipment (PPE). The facility's cleaning protocol is sufficient. If needed, the facility
13 has the capacity to designate a single isolation room if the facility has a confirmed case of COVID-19.

14
15 The LPA requested an updated LIC 610E be submitted.

16
17 The following deficiencies were observed (See LIC 809-D.) and cited from the California Code of
18 Regulations, Title 22 and California Health and Safety Code. Civil penalties assessed. Failure to correct
19 the deficiencies may result in civil penalties. Exit interview and report reviewed with Ms. Robertson. A
20 copy of the report and appeal rights was emailed.

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera

NAME OF LICENSING PROGRAM ANALYST: Kasandra Lopez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 11/22/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/22/2021

LIC809 (FAS) - (06/04)

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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

FACILITY NAME: SAGE MOUNTAIN SENIOR LIVING

FACILITY NUMBER: 565802462

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/22/2021

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87355(e)(2)	
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Criminal Record Clearance

(e) All individuals subject to a criminal record review pursuant to Health and Safety Code Section 1569.17(b) shall prior to working, residing or volunteering in a licensed facility: (2) Request a transfer of a criminal record clearance as specified in Section 87355(c) or

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on record review, the licensee did not comply with the section cited above as one staff's criminal record clearance was not transferred to the facility which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 11/22/2021
	Plan of Correction
1	The licensee shall submit the request of transfer of criminal record clearance for Staff #1 (S1). A civil penalty is being assessed and will continue to accrue until the transfer request is submitted.
2	
3	
4	

	Type A	Section Cited	CCR	87705(f)(2)	
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Care of Persons with Dementia

(f) The following shall be stored inaccessible to residents with dementia: (2) Over-the-counter medication, nutritional supplements or vitamins, alcohol, cigarettes, and toxic substances such as certain plants, gardening supplies, cleaning supplies and disinfectants.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, the licensee did not comply with the section cited above as the laundry room with bleach and other cleaning supplies was unlocked which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 12/03/2021
	Plan of Correction
1	The door was locked during the inspection. The administrator shall submit proof that staff who work in the memory care had an in-service training regarding regulation 87705 and submit proof to CCL by 12/03/2021.
2	
3	
4	

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

SUPERVISOR'S NAME: Desaree Perera
LICENSING EVALUATOR NAME: Kasandra Lopez
LICENSING EVALUATOR SIGNATURE:



DATE: 11/22/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 11/22/2021

LIC809 (FAS) - (06/04)

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Document Has Been Signed on 11/22/2021 05:54 PM - It Cannot Be Edited**Created By: Kasandra Lopez On 11/22/2021 at 04:20 PM****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**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** SAGE MOUNTAIN SENIOR LIVING**FACILITY NUMBER:** 565802462**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 11/22/2021**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	HSC	1569.695(a)(2)	
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Other Provisions

(a) In addition to any other requirement of this chapter, a residential care facility for the elderly shall have an emergency and disaster plan that shall include, but not be limited to, all of the following: (2) Plans for the facility to be self-reliant for a period of not less than 72 hours immediately following any emergency or disaster, including, but not limited to, a short-term or long-term power failure. If the facility plans to shelter in place and one or more utilities, including water, sewer, gas, or electricity, is not available, the facility shall have a plan and supplies available to provide alternative resources during an outage.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation and interview, the licensee did not comply with the section cited above as the facility had no bottled water or any other emergency water which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 11/26/2021
	Plan of Correction
1 2 3 4	The Director of Culinary stated they will have 25 five gallon jugs of water by Wednesday and a case of water for each resident room. Proof shall be submitted by 11/26/2021 that the facility has enough water for all residents and staff to be no self-reliant for no less than 72 hours.

		Section Cited			
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	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 2 3 4	

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

SUPERVISOR'S NAME:

Desaree Perera

LICENSING EVALUATOR NAME:

Kasandra Lopez

LICENSING EVALUATOR SIGNATURE:



DATE: 11/22/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/22/2021