

Department of

**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 565802462

**Report Date:** 02/05/2026

**Date Signed:** 02/05/2026 03:41:33 PM

**Document Has Been Signed on** 02/05/2026 03:41 PM - **It Cannot Be Edited**

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	SAGE MOUNTAIN SENIOR LIVING	FACILITY NUMBER:	565802462
ADMINISTRATOR/CHRISTIAN CASTILLO DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	3499 GRANDE VISTA DR	TELEPHONE:	(805) 375-0695
CITY:	THOUSAND OAKS	STATE: CA	ZIP CODE: 91320
CAPACITY:	145	CENSUS: 102	DATE: 02/05/2026
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED TIME VISIT/INSPECTION	09:30 AM
MET WITH:	Christian Castillo	BEGAN: TIME VISIT/INSPECTION	03:40 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Esther Cortez conducted an unannounced Case Management-
2	Incident inspection regarding a self reported Unusual Incident/Injury report. The LPA met with Executive
3	Director Christian Castillo at 09:45 AM and explained the reason for the inspection. The ED had to leave
4	during the visit, however designated Business Office Manager December Zavala to review and sign the
5	report.
6	
7	On 02/02/2025, Community Care Licensing (CCL) received a self reported Unusual Incident/Injury
8	report regarding Resident 1 (R1) and a staff. It was reported that on 01/28/2026, R1 reported at the front
9	desk that a caregiver allegedly hit them. R1 was asked by the Memory Care Manager (MCM) where
10	were they hit? R1 stated, I don't know, thank you. When asked how they were hit, R1 stated with a
11	voucher. It was further reported that a body assessment was done and no marks or discoloration were
12	noted.
13	
14	During today's visit the LPA interviewed the ED, R1, eight (8) additional residents, three staff including
15	the alleged staff (S1), conducted a file review and collected pertinent documents. Interview conducted
16	with R1 reflected that R1 feels safe at the facility, stated that the facility staff is great and R1 was not
17	able to provide clear information regarding the incident. When asked if any staff has ever hit them, R1
18	stated "she was going to hit me," and when asked who? R1 replied "I don't know". File review revealed
19	that R1 is diagnosed with Dementia. Interviews conducted with the eight additional residents revealed
20	that residents are happy and feel safe in the care of the staff and have never observed staff hit any
21	resident. Interview conducted with S1, revealed that they denied ever hitting or speaking inappropriately
22	to R1.
23	
24	Report will continue on LIC809-C, 2nd page.
25	

**NAME OF LICENSING PROGRAM MANAGER:** Kasandra Lopez  
**NAME OF LICENSING PROGRAM ANALYST:** Esther Cortez

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 02/05/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 02/05/2026

**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.

