

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609117
Report Date: 05/19/2021
Date Signed: 05/19/2021 10:51:02 AM

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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: SILVERADO SENIOR LIVING - CALABASAS	FACILITY NUMBER: 197609117
ADMINISTRATOR: GIUNTO, TAYLOR	FACILITY TYPE: 740
ADDRESS: 25100 CALABASAS RD	TELEPHONE: (818) 222-1000
CITY: CALABASAS	STATE: CA
CAPACITY: 110	ZIP CODE: 91302
TYPE OF VISIT: Case Management - Other	CENSUS: 52
MET WITH: Taylor Giunto	DATE: 05/19/2021
	UNANNOUNCED TIME BEGAN: 09:50 AM
	TIME COMPLETED: 11:00 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Ashley Smith conducted a Case Management - Other visit for the
2	purpose of reviewing the Accusation dated 5/13/2021. The LPA met with Executive Director Taylor
3	Giunto and explained the reason for the visit.
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5	The LPA, alongside the Administrator, reviewed and discussed the contents of the Accusation dated
6	5/13/2021. The LPA also provided information pertaining to Health and Safety Code 1569.38 regarding
7	posting and notification requirements.
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9	Exit interview conducted. Signatures obtained. The LPA provided a copy of the report via email.
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NAME OF LICENSING PROGRAM MANAGER: Jeralyn Ann Pfannenstiel
NAME OF LICENSING PROGRAM ANALYST: Ashley Smith

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/19/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/19/2021

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