

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609117

Report Date: 03/12/2026

Date Signed: 03/12/2026 04:38:41 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
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FACILITY NAME: SILVERADO SENIOR LIVING - CALABASAS	FACILITY NUMBER: 197609117
ADMINISTRATOR/PATRICE O'GRADY	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 25100 CALABASAS RD	TELEPHONE: (818) 222-1000
CITY: CALABASAS	STATE: CA
CAPACITY: 110	ZIP CODE: 91302
TYPE OF VISIT: Required - 1 Year	CENSUS: 51
	DATE: 03/12/2026
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 09:50 AM
MET WITH: Patrice O'Grady	TIME VISIT/INSPECTION
	COMPLETED: 04:40 PM

NARRATIVE	
1	Licensing Program Analysts (LPAs) Kelly Dulek and Quoc Huynh conducted an unannounced required
2	annual visit. Upon arrival, LPAs were greeted by the front desk staff and met with Administrator Patrice
3	O'Grady shortly thereafter. Entrance interview conducted.
4	
5	Beginning at 10:25AM, the LPAs, along with Administrator, toured the physical plant areas inside and
6	outside to ensure there are no health and safety hazards and facility is in compliance with Title 22
7	Regulations. The following was observed:
8	
9	BEDROOMS/RESTROOMS: The LPAs observed a random selection of ten (10) resident rooms, all of
10	which contain private restrooms. All bedrooms were furnished appropriately with clean linens,
11	furnishings and sufficient lighting. Separate carbon monoxide detectors and smoke detectors were
12	tested in various resident rooms and all functioned properly at the time of the visit. Restrooms were
13	clean, sanitary and in operating condition with grab bars and non-slip surfaces. Water temperature was
14	tested in various resident restrooms and temperatures ranged from 113.0 to 117.1 degrees Fahrenheit.
15	
16	COMMON SPACES: The facility contains multiple common areas throughout, including but not limited
17	to: two (2) dining areas, three (3) activity/snack areas, common entry area, and a spa room. Walls and
18	flooring were checked for cleanliness and good condition. Department required postings were found in
19	the front lobby near the restrooms. Fire extinguishers were charged and serviced 09/11/2025.
20	
21	EXTERIOR: The facility has several enclosed courtyards with appropriate outdoor seating for resident
22	use. The swimming pool on the premises was observed to be locked.
23	
24	Report Continued on LIC 809-C
25	

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST: Kelly Dulek

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 03/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 03/12/2026

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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364</p>
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FACILITY NAME: SILVERADO SENIOR LIVING - CALABASAS

FACILITY NUMBER: 197609117

VISIT DATE: 03/12/2026

NARRATIVE	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>FOOD SERVICE: LPAs observed the facility's commercial kitchen, which was locked and inaccessible to residents in care. Kitchen appeared to be clean and appliances operable. Facility has sufficient supply of both perishable and non-perishable food, along with emergency food and water. The facility has a system for special diets, including a visual board and diet cards to ensure residents' special diets and dietary preferences are recognized. Storage for chemicals is separate from food storage, per regulation.</p> <p>FILES: Record review began at 11:19AM. The LPAs reviewed a selection of five (5) staff files for documents including, but not limited to: health screening, TB test results, background clearance, and training records. All staff records reviewed were observed to be complete and in compliance with regulation at this time. The LPAs reviewed five (5) resident files for but not limited to: physician's report, needs and service appraisals, personal rights. All five (5) resident files reviewed contained all required documents.</p> <p>INFECTION CONTROL/EMERGENCY DISASTER PLAN: LPAs reviewed both the facility's infection control plan and emergency disaster plan. Both documents were observed to be complete and updated annually as required. The facility conducts emergency disaster drills on each shift quarterly, with the last disaster drill documented on 02/19/2026. Fire system 5-year inspection was completed on 05/16/2024 and the annual inspection was completed on 08/05/2025. No defects were noted during either inspection.</p> <p>MEDICATION REVIEW: Began at 01:47PM; LPA Huyhn, along with facility nurse, reviewed medications for five (5) residents. One resident (Resident #1-R1) did not have a centrally stored medication and destruction record (CSMDR), although R1's medications are being centrally stored by the facility. Nurse explained that the pharmacy sends the CSMDRs for the residents, however R1's prescriptions are filled at another pharmacy that does not provide a CSMDR. Administrator indicated that going forward, the facility will utilize Silverado's CSMDR, which meets the licensing requirements. All medications reviewed appeared to be administered as prescribed.</p> <p>INTERVIEWS: Throughout the visit, LPAs interviewed five (5) staff and five (5) residents. No concerns were noted.</p> <p>No deficiencies cited. Exit interview conducted and a copy of this report was provided.</p>

<p>NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan NAME OF LICENSING PROGRAM ANALYST: Kelly Dulek LICENSING PROGRAM ANALYST SIGNATURE:</p>	<p>DATE: 03/12/2026</p>
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<p>FACILITY REPRESENTATIVE SIGNATURE:</p>	<p>DATE: 03/12/2026</p>
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