

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320053

Report Date: 03/20/2026

Date Signed: 03/20/2026 03:59:07 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245
FACILITY EVALUATION REPORT	

FACILITY NAME:	SILVERADO SENIOR LIVING-BEACH CITIES	FACILITY NUMBER:	198320053
ADMINISTRATOR/DIRECTOR:	LOURDES YVETTE MENCHACA	FACILITY TYPE:	740
ADDRESS:	514 N. PROSPECT AVE	TELEPHONE:	(949) 240-7200
CITY:	REDONDO BEACH	STATE:	CA
CAPACITY:	120	ZIP CODE:	90277
TYPE OF VISIT:	Required - 1 Year	CENSUS:	93
		DATE:	03/20/2026
		UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 08:14 AM
		TIME VISIT/INSPECTION	COMPLETED: 04:20 PM
MET WITH:	Lourdes Menchaca		

NARRATIVE

1 On 03/20/2026, Licensing Program Analysts (LPAs) Regina Cloyd and Socorro
2 Leandro conducted an unannounced annual inspection and met with Administrator
3 Lourdes Menchaca. The purpose of the visit was explained. The facility is licensed to
4 serve one hundred twenty (120) non-ambulatory residents age range 60 and over
5 and has a hospice waiver for thirty (30). Annual fees are current.
6
7
8 During today's visit, LPAs reviewed resident and facility records, conducted facility
9 tour, and reviewed one resident's medication.
10
11 Deficiencies are being cited according to California Code of Regulations, see
12 LIC809-D. During medication review, Resident #1's (R1) Medication Administration
13 Record (02/01/26 - 03/20/26) for six medications did not match the quantity of the
14 medication on hand based on the package open date. Interview with the
15 Administrator (S1) revealed S1's Residential Care for the Elderly Certification has
16 been expired as of April 2025.
17
18
19
20 Due to insufficient time, an annual continuation is required.
21
22 An exit interview was conducted and a copy of this report with appeal rights was
23 provided to the Administrator Lourdes Menchaca.
24
25

NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel

NAME OF LICENSING PROGRAM ANALYST: Regina Cloyd

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 03/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 03/20/2026

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: Regina Cloyd On 03/20/2026 at 03:28 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245
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FACILITY NAME: SILVERADO SENIOR LIVING-BEACH CITIES
DEFICIENCY INFORMATION FOR THIS PAGE:


FACILITY NUMBER: 198320053
VISIT DATE: 03/20/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87208(a)	
<p>The licensee shall have and maintain a current, written definitive plan of operation for the facility. The licensee shall operate the facility in accordance with the terms specified in the plan of operation and may be cited for not doing so pursuant to Health and Safety Code section 1569.49... Any significant changes in the plan of operation which would affect the services to residents shall be submitted to the licensing agency for approval. The plan and related materials shall contain the following:</p> <p>This requirement is not met as evidenced by:</p>					
Deficient Practice Statement					
1	Based on record review and interviews, the licensee did not comply with the section cited above for one				
2	resident which poses a potential health and safety. Resident #1's (R1) Medication Administration Record				
3	(02/01/26 - 03/20/26) for six medications did not match the quantity of the medication on hand based on				
4	the package open date. S1 - S3 were unable to explain the inconsistencies. Plan of Operation revealed medication will be accurately documented.				
POC Due Date: 04/03/2026					
Plan of Correction					
1	The Administrator will submit a plan of correction, including medication administration training/meeting,				
2	to regina.cloyd@dss.ca.gov by the POC due date.				
3					
4					

	Type B	Section Cited	CCR	87412(d)	
<p>87412(d) The licensee shall maintain documentation that an administrator has met the certification requirements specified in Section 87406, Administrator Certification Requirements or the recertification requirements in Section 87407, Administrator Recertification Requirements.</p> <p>This requirement is not met as evidenced by:</p>					
Deficient Practice Statement					
1	Based on record review, the licensee did not comply with the section cited above i poses/posed a				
2	potential hralth, safety or personal rights risk to persons in care. The Administrator's RCFE Certification				
3	has been expired as of April 2025.				
4					
POC Due Date: 04/03/2026					
Plan of Correction					
1	The Administrator will submit proof of correction to regina.cloyd@dss.ca.gov by the POC due date.				
2					

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

NAME OF LICENSING PROGRAM MANAGER:	Ulysses Coronel
NAME OF LICENSING PROGRAM ANALYST:	Regina Cloyd
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 03/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 03/20/2026