

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 300603257
Report Date: 10/06/2022
Date Signed: 10/06/2022 04:16:39 PM

Document Has Been Signed on 10/06/2022 04:16 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT	

FACILITY NAME: REGENTS POINT	FACILITY NUMBER: 300603257
ADMINISTRATOR: FORNEY, MELINDA M	FACILITY TYPE: 741
ADDRESS: 19191 HARVARD AVENUE	TELEPHONE: (949) 854-9500
CITY: IRVINE	STATE: CA
CAPACITY: 399	ZIP CODE: 92612
TYPE OF VISIT: Case Management - Incident	CENSUS: 290
MET WITH: Director of Wellness-Ashley Croslin	DATE: 10/06/2022
	UNANNOUNCED TIME BEGAN: 02:45 PM
	TIME COMPLETED: 04:32 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Celine De Perio conducted an unannounced case management visit at
2	facility to follow up on the incident report (SIR) for resident #1 (R1) that occurred on 9/29/22 of which the
3	Regional Office received on and 10/3/22. LPA De Perio was greeted and granted entry by Director of
4	Wellness Ashley Croslin, Nurse Manager Melissa Goldman, and Executive Director Melinda Forney. For
5	today's visit, there are a total of 290 residents in care.
6	
7	LPA De Perio conducted a tour of the interior and exterior portion of the facility with Nurse Manager. LPA
8	De Perio reviewed R1's file and obtained pertinent copies of chart. LPA De Perio toured R1's room and
9	conducted an interview with R1.
10	
11	For today's visit, no deficiency was noted for areas observed. No citation was issued.
12	
13	LPA De Perio conducted an exit interview with Director of Wellness, Nurse Manager, and Executive
14	Director and a copy of this report was provided to the facility.
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Luz Adams
NAME OF LICENSING PROGRAM ANALYST: Celine DePerio

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/06/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/06/2022

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