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Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306000347
Report Date: 05/29/2024
Date Signed: 05/29/2024 04:27:15 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100	
		ORANGE, CA 92868	
FACILITY NAME: ATRIA SAN JUAN		FACILITY NUMBER:	306000347
ADMINISTRATOR/SABRINA PRIESMAN		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(949) 661-1220
ADDRESS: 32353 SAN JUAN CREEK RD	STATE: CA	ZIP CODE:	92675
CITY: SAN JUAN CAPISTRANO	CENSUS: 66	DATE:	05/29/2024
CAPACITY: 140	UNANNOUNCED TIME VISIT/	INSPECTION	09:15 AM
TYPE OF VISIT: Required - 1 Year	BEGAN:	TIME VISIT/	
MET WITH: James Craddock	INSPECTION	COMPLETED:	04:45 PM

NARRATIVE	

1 Licensing Program Analyst (LPA) Joseph Alejandro made an unannounced visit to conduct the required
 2 annual inspection. LPA met with Executive Director James Craddock, who's Administrator's certificate
 3 expires on November 8,2024, and explained the reason for the visit. LPA and the Executive Director
 4 toured the facility. The facility is composed of two buildings connected by a hallway. The main building
 5 (building B) is 3 stories and houses the memory care unit on the second floor. The secondary building
 6 (building A) is two stories. Building B has an interior outdoor courtyard with a water fountain. LPA
 7 observed the PUB 475 poster (See Something, Say Something) is posted in the main entrance of the
 8 facility. LPA observed during the tour that all 4 stairways had emergency evacuation chairs. LPA
 9 observed each floor of each building had a working carbon monoxide detector. LPA observed all fire
 10 extinguishers are fully charged. LPA observed that the smoke detectors in all 10 rooms that were
 11 inspected were operational. LPA measured the hot water in rooms inspected. Hot water measured
 12 between 109.0 degrees Fahrenheit to 112.6 degrees Fahrenheit. LPA observed all resident rooms had
 13 the required furnishings. LPA observed the fireplace in the resident library is screened. LPA and the
 14 Executive Director toured the dining room and kitchen. LPA observed a 2-day perishable and a 7-day
 15 nonperishable food supply on hand in the kitchen. LPA observed the kitchen is clean and organized.
 16 LPA observed the emergency food stored in a supply closet and the emergency water supply is stored in
 17 a storage room. LPA and the Executive Director toured the second floor memory care. LPA observed the
 18 medication cart is locked and kept in the life guidance med room. LPA tested the delayed egress doors
 19 in memory care unit. Both delayed egress doors tested operational. LPA observed shaded outdoor
 20 seating next to the dining room and in the interior courtyard. No obstacles or hazards observed inside or
 21 outside of the facility. During the visit LPA observed residents participating in bingo in the activity room.
 22 LPA interviewed 6 staff and 7 residents. LPA reviewed 6 staff files. All staff files reviewed had the
 23 required training. No discrepancies observed in the staff files. LPA reviewed 7 resident records and
 24 medications, no discrepancies were observed. The last fire drill was conducted on May 13, 2024. LPA
 25 consulted with the Executive Director regarding reporting requirements. No deficiencies are being cited
 as a result of this visit. An exit interview was conducted with Executive Director and a copy of the report
 provided.

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandro
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 05/29/2024

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 05/29/2024

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

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VISIT DATE: 05/29/2024

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