

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 306000347  
Report Date: 05/03/2022  
Date Signed: 05/03/2022 10:25:34 AM

Document Has Been Signed on 05/03/2022 10:25 AM - 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: ATRIA SAN JUAN	FACILITY NUMBER: 306000347
ADMINISTRATOR: JAMES CRADDOCK	FACILITY TYPE: 740
ADDRESS: 32353 SAN JUAN CREEK RD	TELEPHONE: (949) 661-1220
CITY: SAN JUAN CAPISTANO	STATE: CA
CAPACITY: 140	ZIP CODE: 92675
TYPE OF VISIT: Required - 1 Year	CENSUS: 100
MET WITH: James Craddock	DATE: 05/03/2022
	UNANNOUNCED TIME BEGAN: 08:30 AM
	TIME COMPLETED: 10:35 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Joseph Alejandro made an unannounced visit to conduct the required
2	annual inspection (mitigation). LPA was greeted and granted entry by staff. LPA met with executive
3	director Jim Craddock. LPA explained the reason for the visit. LPA and executive director toured the
4	facility. LPA observed Covid-19 precautionary signs throughout the facility. LPA observed the
5	Ombudsman poster and the See Something Say Something poster (PUB 475). LPA observed the
6	fireplace in the living room/library is screened. LPA observed all staff wearing masks. All fire
7	extinguishers are fully charged. The medication carts are kept locked and secured in the wellness
8	center. LPA observed all stairwells had emergency chair lifts. LPA and executive director toured the
9	kitchen and dining room. The kitchen and dining room are clean and organized. LPA observed a 2 day
10	perishable and 7 day non-perishable food supply on hand. LPA observed resident rooms are spacious
11	and contain the required furnishings. LPA and executive director toured the memory care unit. No
12	obstacles or hazards observed in the memory care unit. Facility conducts emergency drills monthly with
13	the staff. LPA observed a raised fountain in the central courtyard. Facility has a mitigation plan that has
14	been approved. No obstacles or hazards observed inside or outside of the facility. No deficiencies
15	observed. No deficiencies are being cited as a result of this visit. An exit interview was conducted and a
16	copy of the report provided.
17	
18	
19	
20	
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Luz Adams
NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandro

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 05/03/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 05/03/2022

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