

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306000752
Report Date: 12/13/2022
Date Signed: 12/13/2022 12:21:14 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, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT	

FACILITY NAME: ATRIA GOLDEN CREEK	FACILITY NUMBER: 306000752
ADMINISTRATOR: JAMES D. CRADDOCK	FACILITY TYPE: 740
ADDRESS: 33 CREEK RD	TELEPHONE: (949) 786-5665
CITY: IRVINE	STATE: CA
CAPACITY: 155	ZIP CODE: 92604
TYPE OF VISIT: Case Management - Incident	CENSUS: 104
MET WITH: James Craddock- Executive Director	DATE: 12/13/2022
	UNANNOUNCED TIME BEGAN: 11:15 AM
	TIME COMPLETED: 12:35 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Andrea Mendivil conducted an unannounced case management visit
2	to follow up on an incident report dated 12/08/2022. LPA was greeted and granted entry into the facility
3	and explained the reason for the visit to Executive Director James Craddock.
4	
5	Unusual Incident/Injury Report (LIC 624) was received on 12/08/2022 for an incident that occurred on
6	12/08/2022. Per LIC 624 Resident 1 (R1) advised medtech they took incorrect dosage. Medtech called
7	911 and paramedics came to assess R1. R1 was then transferred hospital and admitted overnight, R1
8	returned on 12/09/2022 without new orders.
9	
10	Per interview with Staff 1 (S1) noticed that R1 did not appear well. R1 told S1 that they believe they took
11	double dosage of self - administered medication. S1 then called 911 to have R1 assessed.
12	
13	Review of LIC 602 indicates R1 cannot administer own medications but doctors orders dated
14	09/26/2022 state R1 can self administer 1 medication.
15	
16	
17	During the visit LPA reviewed LIC 602 and Doctors Orders dated 09/26/2022.
18	
19	No deficiencies noted during today's visit. An exit interview was conducted and a copy of this report was
20	left at the facility.
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz NAME OF LICENSING PROGRAM ANALYST: Andrea Mendivil
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/13/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/13/2022

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