

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306004582
Report Date: 05/31/2022
Date Signed: 06/01/2022 08:14:34 AM

Document Has Been Signed on 06/01/2022 08:14 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
FACILITY EVALUATION REPORT	

FACILITY NAME:	VIVANTE ON THE COAST	FACILITY NUMBER:	306004582
ADMINISTRATOR:	KORNMANN, JENNIFER	FACILITY TYPE:	740
ADDRESS:	1640 & 1650 MONROVIA AVE	TELEPHONE:	(949) 629-2100
CITY:	COSTA MESA	STATE:	CA
CAPACITY:	430	ZIP CODE:	92627
TYPE OF VISIT:	Required - 1 Year	CENSUS:	300
MET WITH:	Bob Fiorentino- Executive Director and Selene Lopez- Executive Director	DATE:	05/31/2022
		UNANNOUNCED TIME BEGAN:	01:05 PM
		TIME COMPLETED:	03:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Andrea Mendivil conducted an unannounced visit for the purpose of
2	conducting an annual visit. LPA was greeted and granted entry into the facility and explained the reason
3	for the visit to Executive Directors Bob Fiorentino and Selene Lopez.
4	
5	At 1:30PM, LPA toured the facility with Executive Directors Bob Fiorentino and Selene Lopez Facility
6	has 300 residents in care during today's visit . LPA observed a library, salon, movie theater, card room,
7	activity room, outdoor jacuzzi and indoor pool. LPA observed residents relaxing in the facility or
8	participating in activities. All residents appeared happy and well taken care of. Facility appears clean
9	and sanitary. All resident rooms had the required elements. Rooms are single occupancy and double
10	occupancy. Facility screens all visitors to the LPA observed the screening/ sanitizing station in the
11	facility. Facility utilizes an electronic visitor sign in entrance of the building. Facility has emergency
12	evacuation chairs at the top of stairwells. LPA observed an ample supply of emergency food and water.
13	LPA observed multiple outside visitation areas. Facility has a plan for covid testing residents and staff as
14	needed as well as a plan for isolation and quarantine. LPA reviewed select resident files during the visit
15	and all files are up to date including emergency information.
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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.
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NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST: Andrea Mendivil

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/31/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/31/2022

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