

# Department of SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 306004640

**Report Date:** 10/21/2025

**Date Signed:** 10/21/2025 04:15:44 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	NEWPORT MESA SENIOR LIVING	FACILITY NUMBER:	306004640
ADMINISTRATOR/ROSE NAKADAIRA DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	2891 BEAR ST	TELEPHONE:	(949) 629-1020
CITY:	COSTA MESA	STATE: CA	ZIP CODE: 92626
CAPACITY:	40	CENSUS: 24	DATE: 10/21/2025
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED TIME VISIT/INSPECTION	02:10 PM
MET WITH:	Melvin Galloway	BEGAN: TIME VISIT/INSPECTION	04:30 PM
		COMPLETED:	

### NARRATIVE

1 Licensing Program Analyst (LPA) Fred Arias conducted an unannounced case management visit to the  
2 facility to conduct a health and safety check for an incident that was reported to the Regional Office. LPA  
3 explained reason for visit and was greeted by staff on duty.  
4  
5 On October 13, 2025, the Regional Office received an incident report of elopement with the incident  
6 occurring for October 05, 2025 for resident 1 (R1). R1 exited the facility at approximately 10:34am on  
7 that day. Staff was made aware R1 was not at the facility and initiated search and safety protocols at  
8 11:30am. R1 was located by local law enforcement and brought back to the facility at approximately  
9 3:30pm the same day.  
10  
11 The facility's main entry and exit door is in the process of repair and has partial functionality. Temporary  
12 measures haven taken place to alert staff when the door is open including an audible alarm that will alert  
13 every time the door is open regardless if the door is armed. LPA tested the egress function and it is  
14 operational. The facility held in-service training for staff on September 9, 2025, October 3, 2025, and  
15 October 6, 2025 on updated protocols for elopements. Facility provided updated elopement policy along  
16 with R1's records to LPA. Executive Director Melvin Galloway stated the facility will complete an ongoing  
17 remodel by mid November which includes replacing the main door's electronics to restore full  
18 functionality. LPA toured the facility and observed no health or safety concerns.  
19  
20 Based on the observations made during today's visit, a deficiency is being cited per Title 22 Division 6 of  
21 the California Code of Regulations. This report was discussed with the facility representative and a copy  
22 was provided along with appeal rights.  
23  
24  
25

**NAME OF LICENSING PROGRAM MANAGER:** Alisa Ortiz

**NAME OF LICENSING PROGRAM ANALYST:** Fred Arias

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 10/21/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 10/21/2025

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

**FACILITY EVALUATION REPORT** California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

**DEFICIENCIES** A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

**PLANS OF CORRECTION (POCs)** The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

**CORRECTION NOTIFICATION** The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

**CIVIL PENALTIES** The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

**PENALTY NOTICE GIVEN** The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

**APPEAL RIGHTS** The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

**AGENCY REVIEW** The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

**EMAIL REQUIREMENT** Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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**Created By: Fred Arias On 10/21/2025 at 03:55 PM**  
**Link to Parent Document Below:**

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES          COMMUNITY CARE LICENSING DIVISION          , 770 THE CITY DR., SUITE 7100          ORANGE, CA 92868</p>
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**FACILITY NAME:** NEWPORT MESA SENIOR LIVING  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 306004640  
**VISIT DATE:** 10/21/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 10/22/2025 Section Cited CCR 87705(d)	1 87705(d) Care of Persons with 2 Dementia The licensee shall ensure 3 that the facility has an auditory device 4 or other staff alert feature to monitor 5 exits on exterior doors and perimeter 6 fence gates accessible to those 7 residents who may be at risk for elopement...	1 ED stated new electronics for egress 2 will be installed and functioning by POC 3 due date. LPA will validate on a future 4 visit. 5 6 7
	8 The requirement was not met as 9 evidenced by: 10 R1 was able to exit the facility due to a 11 malfunctioning door alarm which poses 12 an immediate health and safety risk to 13 persons in care. 14	

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Alisa Ortiz
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Fred Arias

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 10/21/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 10/21/2025