

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005154
Report Date: 10/25/2022
Date Signed: 10/25/2022 01:38:59 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: NEWPORT BEACH MEMORY CARE	FACILITY NUMBER: 306005154
ADMINISTRATOR: HADLEY, BRIAN	FACILITY TYPE: 740
ADDRESS: 1000 HALYARD	TELEPHONE: (949) 220-9700
CITY: NEWPORT BEACH	STATE: CA
CAPACITY: 42	ZIP CODE: 92663
TYPE OF VISIT: Case Management - Other	CENSUS: 21
MET WITH: Chanel Sanchez, Executive Director	DATE: 10/25/2022
	UNANNOUNCED TIME BEGAN: 10:00 AM
	TIME COMPLETED: 02:00 PM

NARRATIVE	
1	On this day, Licensing Program Analyst (LPA) Kevin Saborit-Guasch made an unannounced visit to the
2	facility for the purpose of delivering an amended complaint investigation report (LIC9099-A) regarding
3	the complaint referenced 22-AS-20221003102027.
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5	LPA was greeted and granted entry by Chanel Sanchez, Executive Director after explaining the purpose
6	of the visit. Copies of the signed amended report and this facility visit report were printed and left at
7	facility. Exit interview provided to facility representative.
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NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz NAME OF LICENSING PROGRAM ANALYST: Kevin Saborit-Guasch

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/20/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/20/2022

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