

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005154
Report Date: 04/15/2026
Date Signed: 04/15/2026 03:59:37 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
FACILITY EVALUATION REPORT	

FACILITY NAME:	NEWPORT BEACH MEMORY CARE	FACILITY NUMBER:	306005154
ADMINISTRATOR/CONSTANTIN, MARIA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	1000 HALYARD	TELEPHONE:	(949) 220-9700
CITY:	NEWPORT BEACH	STATE: CA	ZIP CODE: 92663
CAPACITY: 42		CENSUS: DATE:	04/15/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	12:45 PM
		BEGAN:	
MET WITH:	Maria Constatin	TIME VISIT/INSPECTION	04:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Ruth Martinez is conducting this unannounced visit for the purpose of
2	completing an annual required inspection. LPA met with Maria Constantin, Executive Director, and LPA
3	explained the nature of the visit. Facility is licensed for 42 non-ambulatory residents. Facility has an
4	approved hospice waiver for 15 residents. Facility is a memory care facility with approved delayed
5	egress doors. There are residents in care on today's visit. There are 5 residents on hospice during
6	today's visit. This facility is a two story facility with exterior exits protected by delayed egress.
7	
8	LPA Martinez along with the Executive Director toured the physical plant of both the facility. LPA
9	observed residents involved in an activity as well as a posted activity schedule on both floors in the main
10	common space. LPA inspected resident bedrooms which had the required furniture, bed linens and
11	closet/drawer space to accommodate each resident comfortably. Resident bathrooms were checked.
12	Toilets and water faucets worked properly, grab bars were secure, and shower was free of mold/mildew.
13	Several resident bathrooms on each floor were tested for water temperature and water temperature
14	measured between 105.4 to 119.3 degrees F in tested bathrooms. Resident bath towels, toiletries and
15	personal hygiene supplies were adequately stocked. LPA pushed the call buttons in bedrooms and
16	bathrooms in various resident rooms and response times were between 1-2 minutes. LPA observed
17	several residents who appeared clean, and happy. During the tour LPA inspected that medication is
18	centrally stored in a safe locked location; facility has 2 medication rooms on each floor. LPA observed
19	medication distribution is done with a medication cart. LPA inspected both locations and LPA observed
20	and inspected medication carts that are used to dispense meds
21	
22	Continued on LIC809-C
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Kevin Saborit-Guasch
NAME OF LICENSING PROGRAM ANALYST: Ruth Martinez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/15/2026

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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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: NEWPORT BEACH MEMORY CARE **FACILITY NUMBER:** 306005154
VISIT DATE: 04/15/2026

NARRATIVE	
1	to residents are locked and inaccessible to residents in care. Medication was observed to be labeled
2	and stored properly. LPA the delayed egress exits to be properly operational. Both delayed egress and
3	pull cord system are wired to the same system. The signal goes to centralized computer that is
4	connected to staff pagers which indicates what and where the location of assistance is. Kitchen was
5	inspected. Perishable and non-perishable food supply was checked and adequately stocked at time of
6	visit. There is a minimum of one week of non-perishables foods and two days of perishables foods
7	available. Maintenance records were observed in the main kitchen. LPA observed stairwells have an
8	emergency evacuation chair. Outside grounds have ample shaded seating for residents. Second floor
9	has a large patio, and the first floor has a courtyard. Both have shaded seating areas for residents'
10	enjoyment. LPA observed that toxic chemicals, cleaning solutions and disinfectants are stored locked in
11	a locked in housekeeping closet as well as the maintenance office. Fire extinguishers are fully charged
12	and had a service date of November 5, 2025. Smoke detectors and sprinkler system are tested yearly
13	by an outside agency, and LPA was provided with testing documentation. Testing for the sprinkler
14	system was conducted March 3, 2026, and smoke detectors/carbon monoxide conducted on March 18,
15	2026. Emergency drills are being conducted monthly on every shift and facility is keeping logs. LPA
16	began reviewing records. LPA reviewed five resident files and five staff files. All resident files contained
17	required documentation including updated physician reports and care plans. Staff files contained
18	required documentation including health screens, first aid, and fingerprint clearance.
19	
20	Based on the observations made during today's visit, no deficiencies were noted today in the areas
21	inspected per Title 22 Division 6 of the California Code of Regulations.
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26	This report was reviewed with the Executive Director, and a copy of this report was provided to the
27	facility.
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NAME OF LICENSING PROGRAM MANAGER: Kevin Saborit-Guasch	
NAME OF LICENSING PROGRAM ANALYST: Ruth Martinez	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/15/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/15/2026