

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005449

Report Date: 08/16/2022

Date Signed: 08/16/2022 11:37:42 AM

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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 NEWPORT PLAZA		FACILITY NUMBER:	306005449
ADMINISTRATOR: GONZALEZ, JOHANNA		FACILITY TYPE:	740
ADDRESS: 1455 SUPERIOR AVE		TELEPHONE:	(949) 645-6833
CITY: NEWPORT BEACH	STATE: CA	ZIP CODE:	92663
CAPACITY: 160	CENSUS: 89	DATE:	08/16/2022
TYPE OF VISIT: Case Management - Health Checks	UNANNOUNCED	TIME BEGAN:	09:00 AM
MET WITH: Johanna Gonzalez		TIME COMPLETED:	10:30 AM
NARRATIVE			
1	Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced health and safety case		
2	management visit. LPA identified herself and discussed the purpose of the visit with Executive Director		
3	Johanna Gonzalez.		
4			
5	At 8:05 AM, LPA received a voicemail from Administrator for a return call. LPA did not respond as was en		
6	route to the facility. When LPA arrived there were multiple law enforcement vehicles outside the facility.		
7	LPA entered and was notified that Resident 1 (R1) had been found by staff deceased by self inflicted		
8	injury in the resident's room around 7:45 AM. Coroner was on-site as well. Resident 1 admitted into the		
9	facility on 08/08/2022 with a diagnosis of Parkinson's Disease complicated with delusions, insomnia,		
10	anxiety, depression and anorexia along with Mild Cognitive Impairment. R1 had previously been living in		
11	independent living in another location. R1 is independent of any assistance with activities of daily living		
12	and was last observed by staff around 630 PM on 08/15/2022. Resident had not been observed to have		
13	any behaviors or suicidal ideations since admitting into the facility and was acclimating well and		
14	participating in activities and dining. R1's family was actively involved in resident's life and had been		
15	visiting the resident since admitting into the facility. LPA attempted to observe the resident's room but		
16	room was sealed off per Newport Beach Police Department.		
17			
18	During the visit LPA toured the facility and observed residents participating in activities as well as		
19	relaxing in common areas. No health or safety violations noted during today's visit.		
20			
21			
22			
23	Based on the observations made during today's visit, no violations noted. Exit interview conducted and a		
24	copy of this report was left at the facility.		
25			
NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz			
NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/16/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/16/2022

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