

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	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.