

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005449
Report Date: 07/21/2022
Date Signed: 07/21/2022 02:27:38 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 | |

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|-------------------------------------------|----------------------------------|
| 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 |
| CAPACITY: 160 | ZIP CODE: 92663 |
| TYPE OF VISIT: Case Management - Incident | CENSUS: 94 |
| MET WITH: Johanna Gonzalez | DATE: 07/21/2022 |
| | UNANNOUNCED TIME BEGAN: 12:55 PM |
| | TIME COMPLETED: 02:45 PM |

| NARRATIVE | |
|-----------|--------------------------------------------------------------------------------------------------------------|
| 1 | Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced case management visit |
| 2 | to follow up on incident reports received by Community Care Licensing. LPA identified herself and |
| 3 | discussed the purpose of the visit with Executive Director Johanna Gonzalez. |
| 4 | |
| 5 | Incident report dated 07/18/2022 indicated Resident 1 (R1) was found right outside the facility gate near |
| 6 | the gas station neighboring the facility. R1 was redirected back into the facility with no adverse effects. |
| 7 | Resident is a new admit to the facility and had been living at the facility for only a few days. Resident |
| 8 | moved into the facility after living independently in own home and driving. Facility investigation revealed |
| 9 | that the resident had come to the front desk wanting to leave but was redirected. R1 went into the movie |
| 10 | theater to relax. Reception went to check on the resident a few moments later and the resident was not |
| 11 | there. Reception put out a page to staff to check in room and reception went outside where the resident |
| 12 | was observed. R1 may have gone out a back door which is unlocked and opens into the front of facility |
| 13 | where R1 was found. Facility put a one on one companion with resident until results of a urinalysis come |
| 14 | back. Physician report dated 07/13/2022 indicates R1 has a diagnosis of Dementia and is unable to |
| 15 | leave the facility unassisted. |
| 16 | |
| 17 | Incident report dated 07/07/2022 indicated R2 was sent out to Hoag Hospital after verbalizing suicidal |
| 18 | ideations. Resident returned to the facility with no medication changes and cleared by physician. |
| 19 | Resident has not had any prior suicidal ideations or since then and states the resident was just |
| 20 | frustrated that day. Physician report dated 04/22/2022 indicates a diagnosis of Mild Cognitive |
| 21 | Impairment and no diagnosis of any mental health issues. |
| 22 | During the visit, LPA met with both residents who verbalized satisfaction with the facility and felt safe at |
| 23 | the facility. Both appeared clean and well taken care of. |
| 24 | No deficiencies noted during today's visit. Exit interview conducted and a copy of this report was left at |
| 25 | the facility. |

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| NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman |
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/21/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/21/2022

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