

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005449

Report Date: 01/12/2026

Date Signed: 01/15/2026 12:17:25 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:	ATRIA NEWPORT PLAZA	FACILITY NUMBER:	306005449
ADMINISTRATOR/DIRECTOR:	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:	Required - 1 Year	CENSUS:	117
		DATE:	01/12/2026
		UNANNOUNCED TIME VISIT/INSPECTION:	01:00 PM
		BEGAN:	
MET WITH:	Johanna Gonzalez (Administrator)	TIME VISIT/INSPECTION:	05:00 PM
		COMPLETED:	

NARRATIVE

1 On today's date LPA's William Vanegas and Brandon Lopez conducted an unannounced visit to the
2 facility to conduct the required annual inspection. LPAs were greeted and granted entry to the facility by
3 staff after explaining the purpose for the visit. Administrator (AD) Joanna Gonzalez was present and
4 assisted on today;s visit. LPAs observed that AD Joanna Gonzalez has a valid Administrator certificate
5 which expires January 18, 2027.
6

7 The facility is a Residential Care Facility for the Elderly (RCFE) licensed for 160 residents, all of which
8 can be non-ambulatory, and has a hospice waiver for 25. The facility consists of a single building that is
9 three stories tall. The building consists of private apartments that contain bathrooms located in the
10 apartments. A commercial kitchen, a dining room, a wellness center, a salon, laundry rooms,
11 medications rooms, activity rooms, and storage rooms. LPAs accompanied with AD conducted a tour of
12 the interior portions of the facilitiy. LPA's observed the PUB 475 and all other required postings to be
13 posted at the entrance of the facility and visible to all guest and residents in care. LPAs observed a total
14 of 10 resident apartments. LPAs observed resident apartments to have all required items such as a bed,
15 clean linens in good repair; meaning no strains or tares, chest drawers, a chair, a reading lamp, and a
16 storage space for personal belongings. LPAs observed residents to have a pendant with them to call for
17 assistance. Pendants were pressed and tested operational. LPAs inspected resident bathrooms and
18 they all appeared to be clean and free of any mildew or debris. Toilets and water faucets tested
19 operational and water tested between 110.1 and 120.2 degrees. Showers were observed to have slip
20 resistant floors, grab bars, and a shower chair.
21 CONTINUED ON LIC 809C
22
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero

NAME OF LICENSING PROGRAM ANALYST: William Vanegas

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 01/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/12/2026

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.

<p style="text-align: center;">STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p style="text-align: center;">FACILITY EVALUATION REPORT (Cont)</p>	<p style="text-align: center;">CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868</p>
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FACILITY NAME: ATRIA NEWPORT PLAZA

FACILITY NUMBER: 306005449

VISIT DATE: 01/12/2026

NARRATIVE	
1	LPAs observed the facility to have a minimum of two day perishable and seven day non-perishable food
2	supply on hand LPAs observed the facility has a three day emergency food and water supply kept in a
3	storage room. LPAs observed multiple fire extinguishers that were fully charged and up to date. LPAs
4	observed evacuation chairs that are accessible in each stairwell. LPAs observed that the facility had
5	their most recent fire inspection conducted on August 18, 2025. LPAs observed that the facility fire
6	sprinklers and smoke detectors tested operational during the inspection. LPAs observed the centrally
7	stored medication to be kept in locked medicine carts located in the medication room. LPAs observed
8	first aid kits to be stored in each of the medication rooms and they had all the required components.
9	LPAs observed all the facility's chemicals and toxins to be stored in a locked storage room. LPAs
10	observed other common areas such as the dining rooms, staff offices and activity areas to be clear of
11	any hazards.
12	
13	LPAs accompanied with the AD, conducted a tour of the exterior portions of the facility. LPAs observed
14	an outdoor shaded sitting area with furniture for residents to use. LPAs observed the exterior to be free
15	of any hazards. LPAs tested the delay egress doors located on the exterior portions which tested
16	operational.
17	
18	LPAs reviewed the 10 resident files. All the required documentation was present and current in each
19	resident file. LPAs reviewed residents medication and medication administration records. LPAs reviewed
20	10 resident files as well. All required training and first aid and CPR were present and current.
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23	Based on the observations made during today's visit no deficiencies are being cited per title 22 of the
24	California Code of Regulations. An exit interview was conducted with Executive Director Johanna
25	Gonzalez and a copy of the report was provided.
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NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero	
NAME OF LICENSING PROGRAM ANALYST: William Vanegas	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/12/2026
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