

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005652
Report Date: 10/28/2025
Date Signed: 10/28/2025 11:22:21 AM

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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:	SILVERADO BREA LLC	FACILITY NUMBER:	306005652
ADMINISTRATOR/DIRECTOR:	ASHIMAN GILL	FACILITY TYPE:	740
ADDRESS:	149 W LAMBERT RD	TELEPHONE:	(714) 598-2052
CITY:	BREA	STATE:	CA
CAPACITY:	70	ZIP CODE:	92821
TYPE OF VISIT:	Case Management - Incident	CENSUS:	DATE:
		UNANNOUNCED TIME VISIT/INSPECTION	10/28/2025
		BEGAN:	08:00 AM
MET WITH:	Tana McMillon, Regional Vice President of Operations (RVPO)	TIME VISIT/INSPECTION	11:30 AM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analysts (LPA)s Hanna Gough and Rose Ruppert made an unannounced Case
2	Management visit to follow-up on an Unusual Incident Report received in the Regional Office. LPAs
3	were greeted and granted entry by the Concierge at 8am.
4	
5	LPAs obtained the following documentation for Resident #1 (R1): Identification and Emergency
6	Information Form, Physician's Report, Resident Appraisal, Assessment, Service Plan Detail and Facility
7	Progress Notes. LPA reviewed three of three staff files and obtained a copy of an employee Notice of
8	Disciplinary Action.
9	
10	Per review of R1's Physician's Report dated 01/19/2022, R1 is diagnosed with Alzheimer's Disease. R1
11	is confused/ disoriented, has wandering behavior and is unable to leave the facility unassisted. The
12	appraisal, dated 8/15/2024, states R1 wakes during the night searching for a family member. R1's
13	Service Plan Detail, dated 2/11/2025 states R1 is exit seeking and a Care Conference was held with
14	R1's Responsible Party on 2/14/2025 to discuss the updated care needs.
15	
16	LPAs reviewed the Unusual Incident Report submitted to the Regional Office by the facility for an
17	incident that occurred on 9/25/2025 at 4:50am. R1 activated the delayed egress alarm and walked away
18	from the stairwell. The night staff silenced the stairwell alarm but did not reactivate stairwell alarm. R1
19	engaged with staff in a hallway before entering the stairwell and exiting the facility to the sidewalk.
20	
21	Facility staff initiated elopement procedures and were unable to locate R1 and contacted 9-1-1. During
22	the call the dispatched Brea Police Department (PD) located R1 next door and returned R1 to the
23	(Continued on LIC 809-C)
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz

NAME OF LICENSING PROGRAM ANALYST: RoseMarie Ruppert

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/28/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/28/2025

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.

LIC809 (FAS) - (09/23)

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Created By: RoseMarie Ruppert On 10/28/2025 at 09:02 AM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
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FACILITY NAME: SILVERADO BREA LLC

FACILITY NUMBER: 306005652

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/28/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)			
Type A 10/29/2025 Section Cited	1 87705 Care of Persons with 2 Dementia (d) The licensee shall 3 ensure that the facility has an 4 auditory device or other staff alert 5 feature to monitor exits on exterior 6 doors and perimeter fence gates 7 accessible to those residents who may be at risk for elopement,				
	8 This requirement was not met as 9 evidenced by: Staff did not ensure 10 exterior doors were secured which 11 resulted in a resident eloping from 12 the community. This poses an 13 immediate health and safety risk to 14 residents in care.	8 use the exterior door keypads/locks to 9 secure the community.			
	1 2 3 4 5 6 7				
	1 2 3 4 5 6 7				

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM	Alisa Ortiz
MANAGER:	
NAME OF LICENSING PROGRAM	RoseMarie Ruppert
ANALYST:	

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/28/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/28/2025

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 (Cont)

FACILITY NAME: SILVERADO BREA LLC

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VISIT DATE: 10/28/2025

NARRATIVE

1 (Continued from LIC 809)
 2 community and staff conducted a full body assessment and vitals were at baseline and no injuries were
 3 noted. Staff contacted Responsible Party (RP) regarding the elopement and a 1:1 personal companion
 4 was provided for R1 overnight. LPA also interviewed R1 on a health and safety check.
 5
 6 Based on LPA's record review, observations and interview, the facility failed to secure exterior doors and
 7 alarms for dementia residents in care. A deficiency and immediate \$500 civil penalty are being given per
 8 California Code of Regulations 87705(d).
 9
 10 An exit interview was conducted with Tana McMillon, Regional Vice President of Operations, and copy of
 11 this report, LIC 809-D, LIC 421IM, LIC 811, LIC 859 and Appeal Rights were provided to the facility.
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