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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005691
Report Date: 08/13/2026
Date Signed: 08/13/2026 01:32:35 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/05/2026** and conducted by Evaluator Kimberly Lyman

	COMPLAINT CONTROL NUMBER: 22-AS-20260805161645

FACILITY NAME:	SILVERADO SENIOR LIVING-SAN JUAN CAPISTRANO			**FACILITY NUMBER:**	306005691
ADMINISTRATOR:	TANA MCMILLON			**FACILITY TYPE:**	740
ADDRESS:	30311 CAMINO CAPISTRANO			**TELEPHONE:**	(949) 240-0550
CITY:	SAN JUAN CAPISTRANO	**STATE:** CA		**ZIP CODE:**	92675
CAPACITY:	96	**CENSUS:** 77		**DATE:**	08/13/2026
		UNANNOUNCED		**TIME BEGAN:**	12:10 PM
MET WITH:	Casey Lambert			**TIME COMPLETED:**	01:50 PM

ALLEGATION(S):

1	Licensee did not make available confidential information upon written consent from resident's designated representative

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced complaint visit to initiate an investigation into the above allegation. LPA was greeted and granted entry and explained the reason for the visit.
2	
3	During the course of the investigation, LPA interviewed Administrator. Regarding the allegation that licensee did not make available confidential information upon written consent from resident's designated representative, the investigation revealed the following: Resident 1's (R1) designee requested a copy of the resident's record on July 30, 2026. Administrator confirms receiving request in the late evening on July 30, 2026. Administrator notified the home office same day. Administrator began to gather the records for submittal to home office on August 3, 2026. As of August 10, 2026, R1's designee had not received the requested records violating §1569.269(a)(21) which states resident records must be provided upon request within two business days. CONTINUED ON LIC 9099C DATED 08/13/2026

Substantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Kimberly Lyman
LICENSING EVALUATOR SIGNATURE:
DATE: 08/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/13/2026

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

Control Number 22-AS-20260805161645

FACILITY NAME: SILVERADO SENIOR LIVING-SAN JUAN CAPISTRANO **FACILITY NUMBER:** 306005691

VISIT DATE: 08/13/2026

NARRATIVE

Based on interviews conducted, the preponderance of evidence standard has been met; therefore, the above allegation is deemed Substantiated. Deficiency being cited per Title 22 Division 6 of the California Code of Regulations. An exit interview was conducted and a copy of this report and appeal rights was discussed with and provided to facility representative.

SUPERVISORS NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Kimberly Lyman
LICENSING EVALUATOR SIGNATURE:
DATE: 08/13/2026

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Control Number 22-AS-20260805161645

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

FACILITY NAME: SILVERADO SENIOR LIVING-SAN JUAN CAPISTRANO

FACILITY NUMBER: 306005691

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/13/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 08/20/2026 **Section Cited** HSC 1569.269(a)(21)	1 2 3 4 5 6 7	Residents of residential care facilities for the elderly shall have all of the following rights: To have prompt access to review all of their records and to purchase photocopies. Photocopied records shall be promptly provided, not to exceed two business days..This req is not met as evidenced by:	1 2 3 4 5 6 7	Licensee agrees to forward proof that records have been provided to LPA by POC due date.
	8 9 10 11 12 13 14	Based on interviews conducted, Licensee failed to ensure R1's records were provided within two business days which poses a potential health and safety risk to residents in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	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.

SUPERVISOR'S NAME: Alisa Ortiz
LICENSING EVALUATOR NAME: Kimberly Lyman
LICENSING EVALUATOR SIGNATURE:
DATE: 08/13/2026

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DATE: 08/13/2026