

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005691

Report Date: 03/16/2022

Date Signed: 03/16/2022 12:37:41 PM

Document Has Been Signed on 03/16/2022 12:37 PM - It Cannot Be Edited

Table with 2 columns: STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY and CALIFORNIA DEPARTMENT OF SOCIAL SERVICES. Includes FACILITY EVALUATION REPORT title and address: CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868.

Facility details table with 2 columns. Left column: FACILITY NAME: SILVERADO SENIOR LIVING-SAN JUAN CAPISTRANO; ADMINISTRATOR: LIGHT, ERIN; ADDRESS: 30311 CAMINO CAPISTRANO; CITY: SAN JUAN CAPISTRANO; CAPACITY: 96; TYPE OF VISIT: Required - 1 Year; MET WITH: Erin Light, Breanna Pritchard. Right column: FACILITY NUMBER: 306005691; FACILITY TYPE: 740; TELEPHONE: (949) 240-0550; ZIP CODE: 92675; DATE: 03/16/2022; UNANNOUNCED TIME BEGAN: 10:15 AM; TIME COMPLETED: 12:51 PM.

NARRATIVE

1 Licensing Program Analyst (LPA) Joseph Alejandro made an unannounced visit to conduct the required
2 annual inspection (mitigation). LPA was greeted and granted entry by staff. LPA met with Administrator
3 Erin Light and Director of Health Services Breanna Pritchard. Administrator's certificate expires
4 3/8/2023. LPA explained the reason for the visit. LPA and Administrator and Director of Health Services
5 toured the facility. LPA observed a 2-day perishable and a 7 day non-perishable food supply on hand in
6 the kitchen. LPA observed the emergency food supply for the facility is kept secured in a storage room.
7 The kitchen is clean and organized. LPA observed all refrigerators and freezers had temperature logs
8 and were the proper temperature. LPA observed the resident rooms had the required furnishings. LPA
9 observed all fire extinguishers are fully charged. LPA measured the hot water temperature in 2 resident
10 rooms. Hot water measured 115.2 degrees Fahrenheit. LPA tested the emergency signal system. Staff
11 responded to the call in one minute. LPA observed the outdoor patio area is spacious and has multiple
12 shaded seating areas. No bodies of water observed. LPA observed the medication room is kept secured
13 and all medications are stored inaccessible to residents. No obstacles or hazards observed inside or
14 outside of the facility. LPA reviewed 2 staff files and 2 resident files. Fire sprinkler system was tested on
15 3/15/22. Last fire drill was conducted on 1/31/22. Facility has a mitigation plan that has been approved.
16 No deficiencies observed during the visit. No deficiencies are being cited as a result of this visit. An exit
17 interview was conducted and a copy of the report provided.
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NAME OF LICENSING PROGRAM MANAGER: Luz Adams
NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandro

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/16/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/16/2022

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