

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005691

Report Date: 03/18/2026

Date Signed: 03/18/2026 04:59:08 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: SILVERADO SENIOR LIVING-SAN JUAN CAPISTRANO	FACILITY NUMBER: 306005691
ADMINISTRATOR/SHEILA FIKE	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 30311 CAMINO CAPISTRANO	TELEPHONE: (949) 240-0550
CITY: SAN JUAN CAPISTRANO	STATE: CA
CAPACITY: 96	ZIP CODE: 92675
TYPE OF VISIT: Required - 1 Year	CENSUS: 74
	DATE: 03/18/2026
	UNANNOUNCED TIME VISIT/INSPECTION 10:05 AM
	BEGAN:
MET WITH: Casey Lambert	TIME VISIT/INSPECTION 05:15 PM
	COMPLETED:

NARRATIVE

1 On March 18, 2026, Licensing Program Analysts (LPAs) Joseph Alejandro and Garlli Tat made an
2 unannounced visit to conduct the required annual inspection. LPAs were greeted and granted entry by
3 staff. LPAs met with Casey Lambert, Director of Resident and Family Services, and explained the
4 reason for the visit. The Executive Director, Sheila Fike, Administrator's Certificate expires on July 17,
5 2027.
6
7 The facility is licensed for 96 non-ambulatory residents. Facility is a single story building with a central
8 courtyard. LPAs and the Director of Resident and Family Services toured the facility. LPAs observed the
9 See Something, Say Something poster (PUB 475) posted in the main entrance of the facility. LPAs
10 observed all the required postings in the lobby area of the facility. LPAs observed the central courtyard
11 has a covered patio with tables and chairs to sit outside. There is a circular path for walking and a
12 gazebo. There is one small raised fountain in the courtyard. No obstacles or hazards observed in the
13 courtyard. The facility is approved for delayed egress. LPAs tested the delayed egress doors. The
14 delayed egress doors are operational.
15
16 LPAs observed fire extinguishers throughout the facility. All fire extinguishers are fully charged. The last
17 emergency drill was conducted on January 21, 2026. LPAs toured 8 resident rooms. LPAs observed all
18 the resident rooms had the required bed linens and furnishings. Hot water measured 119.6 to 125.9
19 degrees Fahrenheit. LPAs observed medication is kept locked in the medication cart stored in the
20 medication room. LPAs inspected the first aid kit. The first aid kit had all the required elements. LPAs
21 observed both (2) medication carts were locked.
22
23 Continued on LIC-809C.
24
25

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandro

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 03/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 03/18/2026

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
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FACILITY NAME: SILVERADO SENIOR LIVING-SAN JUAN CAPISTRANO

FACILITY NUMBER: 306005691

VISIT DATE: 03/18/2026

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>LPAs observed all cleaning supplies are kept locked in a storage room. LPAs observed the kitchen is clean and organized. LPAs observed a 2 day perishable and a 7 day non-perishable food supply on hand in the kitchen. All refrigerators and freezers were at the required temperatures. LPAs observed a 3 day supply of emergency food and water in the storage room. LPAs observed lunch being prepared in the kitchen and lunch being served in the dining room. LPAs observed residents participating in arts and crafts. No obstacles or hazards were observed in the facility. LPAs observed an activity room with games and a TV.</p> <p>LPAs reviewed 8 resident files and medications. LPAs observed Resident #1 (R1) and Resident #2 (R2) were missing PRN medications. R1 was missing Alprazolam .25mg and R2 was missing Amlodipine Besylate 5mg. LPAs reviewed 10 staff files (caregivers). All 10 staff members had 20 hours of annual training, including 8 hours of Dementia training, but did not have 4 hours of training for Restricted Health Conditions, Postural Supports, and Hospice care. All staff whose files were reviewed are background cleared and associated to the facility. Deficiencies are being cited per Title 22 of the California Code of Regulations. An exit interview was conducted and a copy of the report provided along with appeal rights was provided to the facility representative.</p>

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandre LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 03/18/2026
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/18/2026
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Created By: Joseph Alejandre On 03/18/2026 at 04:20 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: SILVERADO SENIOR LIVING-SAN JUAN CAPISTRANO

FACILITY NUMBER: 306005691

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/18/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type A	Section Cited	CCR	87465(c)(2)
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Incidental Medical and Dental Care Services

(c) If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the resident with self-administration, provided all of the following requirements are met: (2) Once ordered by the physician the medication is given according to the physician's directions.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on observation and record review, the licensee did not comply with the section cited above in 2
2 out 8 residents, Resident 1 and Resident 2 were each missing one PRN which poses an immediate
3 health, safety or personal rights risk to persons in care.
4

POC Due Date: 03/19/2026

Plan of Correction

1 Licensee agrees to order the missing PRN medications for Resident 1 and Resident 2.
2
3
4

Section Cited

Deficient Practice Statement

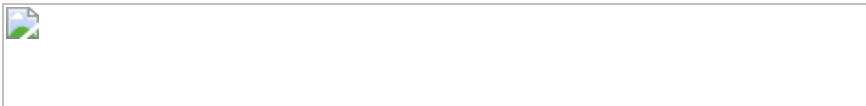
1
2
3
4

POC Due Date:

Plan of Correction

1
2
3
4

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 MANAGER:	Sheila Santos
NAME OF LICENSING PROGRAM ANALYST:	Joseph Alejandre
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 03/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 03/18/2026

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Created By: Joseph Alejandro On 03/18/2026 at 04:20 PM

Link to Parent Document Below:

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: SILVERADO SENIOR LIVING-SAN JUAN CAPISTRANO

FACILITY NUMBER: 306005691

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/18/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type B	Section Cited	CCR	87303(e)(2)
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Maintenance and Operation

(2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C).

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, the licensee did not comply with the section cited above hot water measured above 120.0 (120.9 to 125.9 degrees Fahrenheit) degrees in 5 out of the 8 rooms inspected which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 03/25/2026
	Plan of Correction
1	Licensee agrees to adjust the water temperature to measure between 105.0 to 120.0 degrees Fahrenheit in all resident rooms.
2	
3	
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Type B	Section Cited	HSC	1569.625(b)(2)
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Other Provisions

(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation and record review, the licensee did not comply with the section cited above in 10 out of 10 staff files, all 10 staff had 20 hours of training including 8 hours of Dementia training but did not have 4 hours of training specific to postural supports reviewed which poses a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 04/01/2026
	Plan of Correction
1	Licensee will ensure all staff have 4 hours of training in the topics of postural supports, restricted health conditions, and hospice. Licensee will provide proof of training to LPA by POC due date.
2	
3	
4	

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 MANAGER:	Sheila Santos
NAME OF LICENSING PROGRAM ANALYST:	Joseph Alejandro

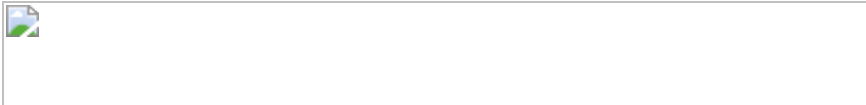
LICENSING PROGRAM ANALYST SIGNATURE:

A rectangular box for the Licensing Program Analyst's signature, containing a small broken image icon in the top-left corner.

DATE: 03/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

A rectangular box for the Facility Representative's signature, containing a small broken image icon in the top-left corner.

DATE: 03/18/2026