

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 306005692

Report Date: 02/18/2026

Date Signed: 02/18/2026 03:47:10 PM

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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 7100 ORANGE, CA 92868
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: SILVERADO SENIOR LIVING-TUSTIN HACIENDA	FACILITY NUMBER: 306005692
ADMINISTRATOR/BENJAMIN VELASQUEZ	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 240 E 3RD STREET	TELEPHONE: (714) 832-7900
CITY: TUSTIN	STATE: CA
CAPACITY: 42	ZIP CODE: 92780
TYPE OF VISIT: Required - 1 Year	CENSUS: 34
	DATE: 02/18/2026
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 08:30 AM
MET WITH: Sheila Fike - Administrator	TIME VISIT/INSPECTION
	COMPLETED: 04:10 PM

### NARRATIVE

- 1 On this day, Licensing Program Analyst (LPA) Andrea Mendivil made an unannounced visit to conduct
- 2 an annual inspection. LPA was greeted and granted entry into the facility by staff and explained the
- 3 reason for the visit. Director of Health Services Breanna Creekmore and Administrator Sheila Fike
- 4 arrived shortly after.
- 5
- 6 The facility is a single story building with an approved fire clearance of forty-two non-ambulatory
- 7 residents of which eighteen may be on hospice. The facility currently has a census of thirty-four
- 8 residents in care.
- 9 During today's visit, LPA toured the facility and inspected the physical plant, including but not limited to
- 10 testing hot water temperature in five bathrooms, and testing auditory delayed egress devices. The hot
- 11 water temperature measured between 106.8 and 118.7 degrees Fahrenheit. LPA Mendivil observed the
- 12 facility to have two day perishables and seven day non-perishables, facility stores emergency food and
- 13 water in dry storage. LPA observed medications in a locked med-cart located inside of locked wellness
- 14 room. LPA Mendivil reviewed Electronic Medication Administration Record for three residents, and
- 15 medications were given as prescribed. LPA observed two separate activity calendars posted in entryway
- 16 and hallway leading to the dining room. LPA observed residents participating in activities and in their
- 17 bedrooms. LPA observed six residents rooms and all had required items including bed, chair,
- 18 dresser/closet and ample lighting. LPA Mendivil reviewed six resident files and five staff files. LPA
- 19 observed Staff 1 - 5 did not have the required training. The facility conducted a fire drill on 01/28/2026
- 20 conducted with Fire Safety Services, INC.
- 21
- 22 Based on the observations made the following is being cited. An exit interview was conducted and a
- 23 copy of this report was provided.
- 24
- 25

**NAME OF LICENSING PROGRAM MANAGER:** Alisa Ortiz  
**NAME OF LICENSING PROGRAM ANALYST:** Andrea Mendivil

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 02/18/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 02/18/2026

**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.

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**Created By: Andrea Mendivil On 02/18/2026 at 03:18 PM**  
**Link to Parent Document Below:**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	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 SENIOR LIVING-TUSTIN HACIENDA  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 306005692  
**VISIT DATE:** 02/18/2026

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type B</b>	<b>Section Cited</b>	<b>HSC</b>	<b>1569.625(b)(2)</b>	
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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:

	<b>Deficient Practice Statement</b>
1	Based on observations the licensee did not comply with the cited above in 5 out of 5 staff did not have the required annual training. This poses a potential health and safety risk to persons in care.
2	
3	
4	
	<b>POC Due Date:</b> 03/03/2026
	<b>Plan of Correction</b>
1	Licensee to conduct required training and provide proof to LPA by POC due date.
2	
3	
4	

		<b>Section Cited</b>			
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	<b>Deficient Practice Statement</b>
1	
2	
3	
4	
	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
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.**

Alisa Ortiz

**NAME OF LICENSING PROGRAM**

**MANAGER:**

**NAME OF LICENSING PROGRAM**

Andrea Mendivil

**ANALYST:**

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 02/18/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 02/18/2026