

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 306005692

Report Date: 09/22/2022

Date Signed: 09/22/2022 03:05:10 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: ERIN LIGHT		FACILITY TYPE:	740
ADDRESS: 240 E 3RD STREET		TELEPHONE:	(714) 832-7900
CITY: TUSTIN	STATE: CA	ZIP CODE:	92780
CAPACITY: 42	CENSUS: 32	DATE:	09/22/2022
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED	TIME BEGAN:	01:50 PM
MET WITH: Malinda Smith - Charge Nurse, Erin Light - Senior Administrator		TIME COMPLETED:	03:20 PM
<b>NARRATIVE</b>			
1	Licensing Program Analyst (LPA) Andrea Mendivil conducted an unannounced case management visit		
2	to follow up on an incident report dated 09/20/2022. LPA was greeted and granted entry into the facility		
3	and explained the reason for the visit to Charge Nurse Malinda Smith. Senior Administrator Erin Light		
4	arrived at 2:30 PM		
5			
6	Incident report indicated Resident 1 (R1) had an altercation with Resident 2 (R2)		
7			
8	Per interview with staff 1 (S1) S1 stated R1 approached R2 and another resident at 7:30 am on		
9	09/18/2022. R1 reached for the side of R2's neck, R2 then grabbed R1's hand and pinched R1. R1 then		
10	hit R2 on the forehead with an open hand. R2 then hit R1 3 times on R1's chest with a closed fist. R1		
11	then tried to walk around R2 and reached for R2's neck area where it meets the shoulder. R1 was		
12	redirected and both residents were assessed. No injuries noted for either resident. R1 was given 1:1		
13	caregiver until a bed was available at behavioral health hospital. R2 was taken to hospital for psych		
14	evaluation. Both are currently at the hospital. R1 and R2's responsible parties and physicians were		
15	notified.		
16			
17	Both R1 and R2 are diagnosed with dementia based on LIC 602 dated 05/27/22 for R1 and 05/17/22 for		
18	R2.		
19			
20	During the visit, LPA reviewed LIC 602, incident report and services plans for both R1 and R2.		
21			
22			
23	No deficiencies noted during today's visit. An exit interview was conducted and a copy of this report was		
24	left at the facility.		
25			
NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz			
NAME OF LICENSING PROGRAM ANALYST: Andrea Mendivil			

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 09/22/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 09/22/2022

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