

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005693
Report Date: 02/08/2021
Date Signed: 02/10/2021 12:29:46 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
FACILITY EVALUATION REPORT	

FACILITY NAME: SILVERADO SENIOR LIVING- NEWPORT MESA	FACILITY NUMBER: 306005693
ADMINISTRATOR: MENCHACA, LOURDES	FACILITY TYPE: 740
ADDRESS: 350 W BAY STREET	TELEPHONE: (949) 240-7200
CITY: COSTA MESA	STATE: CA
CAPACITY: 82	ZIP CODE: 92627
TYPE OF VISIT: Prelicensing	CENSUS: 43
MET WITH: Lourdes Menchaca	DATE: 02/08/2021
	UNANNOUNCED TIME BEGAN: 02:30 PM
	TIME COMPLETED: 03:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Lydia Martinez contacted the facility via telephone to conduct a Pre-
2	Licensing visit via Face Time due to COVID-19 and pre-cautionary measures. LPA identified herself and
3	discussed the purpose of the call with Administrator Lourdes Menchaca. A Change of Ownership to
4	operate a Residential Care Facility for the Elderly was submitted to the Central Applications Bureau
5	(CAB) for a capacity of 82 non-Ambulatory residents. The Costa Mesa Fire Department - Station 3
6	conducted a Fire Safety Inspection on 01/15/2020 and granted the fire clearance. A virtual tour of the
7	physical plant was conducted inside and out with Administrator Menchaca and Director of Health
8	Services, Breanna Pritchard, and the following was observed:
9	
10	Facility serves all Memory Care residents. Building has 41 rooms designed to accommodate up to 82
11	non-Ambulatory residents. Current census is 43. The entire building is secured with delayed egress
12	exits. The entire premises including the kitchen, dining room, activity room, medication room, laundry,
13	patios, storage areas and a sampling of resident rooms were toured. Fire extinguishers were mounted
14	and charged. Smoke detectors are centrally wired and are checked by the Fire Department. Facility
15	supplies furnishing but residents can furnish their own rooms. There was an adequate supply of fresh
16	linen. Medication room is locked for centrally stored medications and locked area for toxins and cleaning
17	supplies. A call system is in place. The delayed egress system was tested. As this is an existing facility,
18	food supply was checked. This facility has also submitted a hospice waiver request and a plan to care
19	for residents with dementia. Physical plant safeguards have been checked. The Component III
20	Requirement has been waived as the Administrator is experienced with facility operations and is in good
21	standing.
22	
23	The Pre-Licensing is complete and this facility has no deficiencies. License will be granted upon
24	approval by the CAB. An exit interview was conducted and a copy of this report will be provided to
25	Administrator Menchaca via email to sign and return to LPA Martinez via email.

NAME OF LICENSING PROGRAM MANAGER: Marina Stanic
NAME OF LICENSING PROGRAM ANALYST: Lydia Martinez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/08/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/08/2021

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