

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 306005693  
Report Date: 08/23/2022  
Date Signed: 08/23/2022 04:06:25 PM

Document Has Been Signed on 08/23/2022 04:06 PM - It Cannot Be Edited

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- NEWPORT MESA	FACILITY NUMBER: 306005693
ADMINISTRATOR: MICHAEL MARION	FACILITY TYPE: 740
ADDRESS: 350 W BAY STREET	TELEPHONE: (949) 631-2212
CITY: COSTA MESA	STATE: CA
CAPACITY: 82	ZIP CODE: 92627
TYPE OF VISIT: Case Management - Incident	CENSUS: 60
MET WITH: Mike Marion - Administrator	DATE: 08/23/2022
	UNANNOUNCED TIME BEGAN: 02:50 PM
	TIME COMPLETED: 04:20 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Patricia Velazquez conducted an unannounced visit to Silverado
2	Senior Living - Newport Mesa. LPA Velazquez was allowed entry into the facility and met with
3	Administrator Michael Marion. The purpose of today's Case Management visit was to follow-up on an
4	Incident Report received in the Orange Regional Office on August 15, 2022 regarding Resident (R) #1.
5	
6	
7	
8	
9	On today's visit LPA Velazquez conducted a brief interview with Administrator Marion. LPA Velazquez
10	along with Administrator Marion conducted a partial tour of the physical plant and looked in on R1. There
11	were no immediate health and safety concerns observed with R1 as R1 currently has a 1:1 private
12	companion. LPA Velazquez reviewed the file of R1 and obtained copies of pertinent documentation from
13	R1's file.
14	
15	
16	
17	There were no deficiencies issued during this Case Management visit. An exit interview was conducted
18	with Administrator Mike Marion and a copy of this report along with the LIC 811 were provided at the
19	time of this visit.
20	
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Patricia Velazquez

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/23/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/23/2022

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