

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 306005693

Report Date: 02/17/2026

Date Signed: 02/17/2026 03:13:15 PM

Document Has Been Signed on 02/17/2026 03:13 PM - It Cannot Be Edited

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	SILVERADO SENIOR LIVING- NEWPORT MESA	FACILITY NUMBER:	306005693
ADMINISTRATOR/DIRECTOR:	HEATHER YOUNAN	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:	Required - 1 Year	CENSUS:	56
		DATE:	02/17/2026
		UNANNOUNCED TIME VISIT/INSPECTION	08:45 AM
		BEGAN:	
MET WITH:	Heather Youna	TIME VISIT/INSPECTION	03:27 PM
		COMPLETED:	

### NARRATIVE

1 On this day Licensing Program Analyst (LPA) Fred Arias made an unannounced visit to conduct a  
2 required annual visit. LPA was greeted and granted entry into the facility by staff and explained the  
3 reason for the visit. The facility is approved for eighty-two (82) non-ambulatory and hospice waiver for  
4 twenty (20) residents. The facility is a two-story structure located in a residential neighborhood. It  
5 consists of the following: forty-one (41) resident bedrooms, forty-six (46) bathrooms, four (4) dining  
6 areas, kitchen, and outside covered patio area. Residents reside on the first floor only. Administrator  
7 (AD) Heather Younan was present to conduct facility tour. AD provided updated liability insurance that  
8 expires on 7/1/2026.  
9  
10 Around 9:30am LPA toured inside and outside grounds of the physical plant with AD. There were no  
11 bodies of water or obstructions on the premises. There is shaded outdoor seating. Beds and bedding  
12 supplies were in good condition, adequate lighting was provided, storage for each resident's personal  
13 belongings was observed. Bed linens, comforters, and bath towels were adequately stocked at the time  
14 of visit. Six resident rooms were inspected. Bathrooms were found clean and operational. Toilets and  
15 water faucets worked properly, grab bars were secure and showers were free of mold/mildew. The water  
16 temperature measured at 106.5 to 116 degrees F. LPA observed the emergency food and water supply.  
17 LPA observed the facility to be sanitary and appropriately furnished at the time of visit. Storage areas for  
18 personal hygiene, cleaning supplies, toxins, and sharps objects were stored and not accessible to  
19 residents. The kitchen was inspected and there is a two-day supply of perishable and seven-day supply  
20 of non-perishable food available and maintained properly. The kitchen is inaccessible to residents.  
21 Emergency food & water was observed to be adequate. Facility provided documentation dated  
22 September 11, 2025 by Lindley Systems stated all smoke detectors, and carbon monoxide detectors  
23 were operable. Facility's last conducted Fire/Safety Drill on November 14, 2025. Drills are done  
24 quarterly.  
25

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz

NAME OF LICENSING PROGRAM ANALYST: Fred Arias

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 02/17/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 02/17/2026

**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  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
--	---

**FACILITY NAME:** SILVERADO SENIOR LIVING- NEWPORT MESA

**FACILITY NUMBER:** 306005693

**VISIT DATE:** 02/17/2026

<b>NARRATIVE</b>	
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>LPA observed residents participating in activities. First Aid Kit contained all the necessary elements. LPA reviewed six resident files and six staff files. Medications were audited for five residents. Medications are stored in the medication room inside locked carts.</p> <p>Based on the observations made during today's visit, no deficiencies are being cited per Title 22 Division 6 of the California Code of Regulations. This report was discussed with the facility representative and a copy was provided.</p>

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Alisa Ortiz <b>NAME OF LICENSING PROGRAM ANALYST:</b> Fred Arias <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 02/17/2026
--	-------------------------

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 02/17/2026
---	-------------------------