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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005693
Report Date: 07/28/2026
Date Signed: 07/28/2026 02:02:59 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/02/2023** and conducted by Evaluator Cassandra Mikkelson

	COMPLAINT CONTROL NUMBER: 22-AS-20230502140537

FACILITY NAME:	SILVERADO SENIOR LIVING- NEWPORT MESA			**FACILITY NUMBER:**	306005693
ADMINISTRATOR:	HEATHER YOUNAN			**FACILITY TYPE:**	740
ADDRESS:	350 W BAY STREET			**TELEPHONE:**	(949) 631-2212
CITY:	COSTA MESA	**STATE:** CA		**ZIP CODE:**	92627
CAPACITY:	82	**CENSUS:**	UNANNOUNCED	**DATE:**	07/28/2026
				TIME BEGAN:	01:55 PM
MET WITH:	Heather Younan			**TIME COMPLETED:**	02:25 PM

ALLEGATION(S):

1	Medication not being administered as prescribed
2	Staff failed to address a change in resident's health condition
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INVESTIGATION FINDINGS:

1	On 07/28/2026, Licensing Program Analyst (LPA) Mikkelson contacted the licensee via email to deliver
2	final findings regarding a complaint that was received on 05/02/2023.
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4	**Continued on 9099-C page
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Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Cassandra Mikkelson
LICENSING EVALUATOR SIGNATURE:
DATE: 07/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/28/2026

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

Control Number 22-AS-20230502140537

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
COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: SILVERADO SENIOR LIVING- NEWPORT MESA **FACILITY NUMBER:** 306005693

VISIT DATE: 07/28/2026

NARRATIVE

Medication not being administered as prescribed

Based on the information obtained during the course of the investigation, the Department is unable to determine the validity of the allegation listed above. Therefore, the allegation listed is unsubstantiated.

Staff failed to address a change in resident's health condition

Based on the information obtained during the course of the investigation, the Department is unable to determine the validity of the allegation listed above. Therefore, the allegation listed is unsubstantiated.

Based on interviews conducted and records reviewed, the preponderance of evidence standards have not been met. Therefore, the above allegations are found to be UNSUBSTANTIATED. A finding that a complaint allegation is unsubstantiated means that, although the allegation may have happened or is valid, there is not a preponderance of the evidence to prove that the alleged violation occurred.

Licensee was advised a copy of this report will be sent via certified mail. Two copies of this report will be sent. The Licensee is to sign and return a copy to the Orange County Regional office.

SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Cassandra Mikkelson
LICENSING EVALUATOR SIGNATURE:
DATE: 07/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/28/2026