

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005789
Report Date: 04/26/2022
Date Signed: 04/26/2022 12:11:13 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: ATRIA NEWPORT BEACH	FACILITY NUMBER: 306005789
ADMINISTRATOR: REDMAN, DORI	FACILITY TYPE: 740
ADDRESS: 393 HOSPITAL ROAD	TELEPHONE: (949) 631-3555
CITY: NEWPORT BEACH	STATE: CA
CAPACITY: 195	ZIP CODE: 92663
TYPE OF VISIT: Case Management - Deficiencies	CENSUS: 77
MET WITH: George Gonzalez	DATE: 04/26/2022
	UNANNOUNCED TIME BEGAN: 11:16 AM
	TIME COMPLETED: 12:35 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced case management visit
2	in conjunction with complaint investigation 22-AS-2021122170311. LPA was greeted and granted entry
3	into the facility and explained the reason for the visit.
4	
5	During the course of the complaint investigation, it was revealed that Resident 1 (R1) had a ring video
6	camera installed in the resident's room by family. Interview with facility management confirmed the
7	facility staff was aware of the video camera. LPA toured the resident's room during the investigation on
8	11/24/2021 and did not observe any signage noting that video recording was occurring.
9	
10	
11	Based on the observations made during the complaint investigation, the following violation is being cited
12	per California Code of Regulations, Title 22, Division 6, Chapter 8. An exit interview was conducted and
13	a copy of this report as well as appeal rights were discussed and provided with facility representative.
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NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/26/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/26/2022

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

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Created By: Kimberly Lyman On 04/26/2022 at 08:32 AM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
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FACILITY NAME: ATRIA NEWPORT BEACH

FACILITY NUMBER: 306005789

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/26/2022

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 05/03/2022 Section Cited	1 In addition to the rights listed in 2 Section 87468.1..., residents in 3 privately operated residential 4 facilities... shall have the following 5 rights: To have a reasonable level of 6 personal privacy in 7 accommodations... personal care assistance, visits, communication, telephone conversations, internet,. This requirement is not being met as evidenced by:		
	8 Based on interview and observation, 9 Licensee failed to ensure R1 was 10 provided a reasonable level of 11 privacy. R1's family posted a ring 12 video camera in R1's room. There 13 was no signage alerting that video 14 taping was occurring. This poses a potential health and safety risk to residents in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 7		

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME:	Alisa Ortiz
LICENSING EVALUATOR NAME:	Kimberly Lyman
LICENSING EVALUATOR SIGNATURE:	
	DATE: 04/26/2022

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 04/26/2022