

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 306005789

Report Date: 03/18/2026

Date Signed: 03/18/2026 09:48:37 AM

Document Has Been Signed on 03/18/2026 09:48 AM - 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
--	---

FACILITY NAME:	ATRIA NEWPORT BEACH	FACILITY NUMBER:	306005789
ADMINISTRATOR/KEYS, BRIAN DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	393 HOSPITAL ROAD	TELEPHONE:	(949) 631-3555
CITY:	NEWPORT BEACH	STATE: CA	ZIP CODE: 92663
CAPACITY:	195	CENSUS: 168	DATE: 03/18/2026
TYPE OF VISIT:	Case Management - Deficiencies	UNANNOUNCED TIME VISIT/INSPECTION	08:50 AM
MET WITH:	Brian Keys	BEGAN: TIME VISIT/INSPECTION	10:00 AM
		COMPLETED:	

### NARRATIVE

1 Licensing Program Analyst (LPA) Hanna Gough made an unannounced visit to the facility to conduct a  
2 case management visit. LPA was greeted and granted entry by staff. LPA met with Administrator (AD)  
3 Brian Keys and discussed the purpose of the visit.  
4  
5 During the course of the investigation for complaint control number #22-AS-20250902095612 it was  
6 revealed by 2 of 5 staff that emergency personnel were not given necessary documentation for Resident  
7 #1 (R1) until they were leaving the facility to transport R1 to the hospital.  
8  
9 Based on today's visit California Code of Regulations are being cited on the attached LIC9099D. An exit  
10 interview was conducted and a copy of this report, clearance letter, LIC9099D and appeal rights were  
11 left at the facility.  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero

NAME OF LICENSING PROGRAM ANALYST: Hanna Gough

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 03/18/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 03/18/2026

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

LIC809 (FAS) - (06/04)

California Health &amp; Human Services Agency

Page: 1 of 3

California Department of Social Services

**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 III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

**Document Has Been Signed on 03/18/2026 09:48 AM - It Cannot Be Edited**

**Created By: Hanna Gough On 03/18/2026 at 09:25 AM**  
**Link to Parent Document Below:**

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES          COMMUNITY CARE LICENSING DIVISION          , 770 THE CITY DR., SUITE 7100          ORANGE, CA 92868</p>
---	--

**FACILITY NAME:** ATRIA NEWPORT BEACH

**FACILITY NUMBER:** 306005789

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 03/18/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/25/2026 Section Cited CCR 87469(c)(1)	1 87469(c)(1)Advanced Directives and 2 Requests Regarding Resuscitative 3 Measures(1) Immediately telephone 9- 4 1-1, present the advance directive 5 and/or request regarding resuscitative 6 measures form to the responding 7 emergency medical personnel...	1 Executive Director stated they will do 2 an audit of all residents to check for 3 POLST documentation, put in 4 emergency folders for emergency 5 personnel, and give an in service to 6 staff by POC due date. 7
	8 This requirement is not met as 9 evidence by: 10 2 of 5 staff confirmed that emergency 11 services were not given necessary 12 documentation until they were leaving 13 the facility with R1. This poses a 14 potential health, safety, or personal rights risks to persons in care.	8 Proof of POC was given to LPA and 9 deficiency was cleared at the time of 10 the visit. 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	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.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Armando J Lucero
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Hanna Gough

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/18/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/18/2026