

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005789

Report Date: 05/12/2023

Date Signed: 05/12/2023 12:30:22 PM

Document Has Been Signed on 05/12/2023 12:30 PM - It Cannot Be Edited

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE & INLAND A/SC, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868 |
| FACILITY EVALUATION REPORT | |

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| FACILITY NAME: ATRIA NEWPORT BEACH | FACILITY NUMBER: 306005789 |
| ADMINISTRATOR: KEYS, BRIAN | FACILITY TYPE: 740 |
| ADDRESS: 393 HOSPITAL ROAD | TELEPHONE: (949) 631-3555 |
| CITY: NEWPORT BEACH | STATE: CA ZIP CODE: 92663 |
| CAPACITY: 195 | CENSUS: DATE: 05/12/2023 |
| TYPE OF VISIT: Case Management - Other | UNANNOUNCED TIME BEGAN: 11:00 AM |
| MET WITH: Sofiane Lahouasnia | TIME COMPLETED: 12:15 PM |

| NARRATIVE | |
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| 1 | On this day, Licensing Program Analyst (LPA) Kevin Saborit-Guasch made an unannounced visit to the |
| 2 | facility for the purpose of collecting payment of the Department fee related to requesting an updated fire |
| 3 | clearance ahead of the pre-licensing visit for the facility's soon-to-be-completed North building. |
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| 5 | LPA was greeted and granted entry by Sofiane Lahouasnia and collected a \$25 check payable to the |
| 6 | Department. |
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| 8 | An exit interview was conducted and a copy of this report was emailed to Diane Morris, manager. |
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos

NAME OF LICENSING PROGRAM ANALYST: Kevin Saborit-Guasch

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 05/12/2023

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 05/12/2023

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