

Department of

SOCIAL SERVICES

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

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			
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			
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.		
4			
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.