

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006146
Report Date: 01/19/2023
Date Signed: 01/19/2023 02:20:25 PM

Document Has Been Signed on 01/19/2023 02:20 PM - It Cannot Be Edited

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: SEA CLIFF ASSISTED LIVING	FACILITY NUMBER: 306006146
ADMINISTRATOR: ROCHE, RYAN	FACILITY TYPE: 740
ADDRESS: 18851 FLORIDA STREET	TELEPHONE: (714) 847-3999
CITY: HUNTINGTON BEACH	STATE: CA
CAPACITY: 84	ZIP CODE: 92648
TYPE OF VISIT: Case Management - Other	CENSUS: 43
MET WITH: Taylor Clark	DATE: 01/19/2023
	UNANNOUNCED TIME BEGAN: 01:20 PM
	TIME COMPLETED: 02:35 PM

NARRATIVE	
1	<p>This unannounced inspection is being conducted by Licensing Program Analyst (LPA) Sean Haddad for the purpose of following up on a recent change in capacity. LPA met with Administrator (AD) Taylor Clark and explained the purpose of the inspection.</p> <p>Facility previously had a fire clearance for a non-ambulatory capacity of 22. Per Fire Clearance approved by Huntington Beach Fire Department Inspector Shannon Sanders on 01/04/2023, the facility is now approved for a non-ambulatory capacity of 44 all of which must be on the first floor. During the inspection, LPA and AD toured the facility and confirmed that the rooms designated as non-ambulatory are on the first floor. LPA reviewed the Physician's Reports of 5 residents on the second floor and confirmed they are ambulatory. During the inspection, LPA delivered the facility's updated license.</p> <p>There were no health and safety concerns observed in the areas inspected. Based on the observations made during today's inspection, no deficiencies are being cited per Title 22 Division 6 of the California Code of Regulations. An exit interview was conducted and a copy of this report was discussed with and provided to facility representative.</p>
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<p>NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero NAME OF LICENSING PROGRAM ANALYST: Sean Haddad</p>
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/19/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/19/2023

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