

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006180

Report Date: 11/18/2025

Date Signed: 11/18/2025 02:47:09 PM

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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 EVALUATION REPORT	

FACILITY NAME: VIVANTE NEWPORT CENTER	FACILITY NUMBER: 306006180
ADMINISTRATOR/FOOTE, LIANA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 850 SAN CLEMENTE DR	TELEPHONE: (760) 547-2863
CITY: NEWPORT BEACH	STATE: CA
CAPACITY: 150	ZIP CODE: 92660
TYPE OF VISIT: Required - 1 Year	CENSUS: 114
	DATE: 11/18/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 07:00 AM
MET WITH: Vanessa Valencia - Executive Director	TIME VISIT/INSPECTION
	COMPLETED: 03:05 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Celine Rodriguez conducted an unannounced required visit to the
2	facility for the purpose of conducting the required annual inspection. LPA Rodriguez explained reason
3	for visit and was greeted by front desk staff. During the visit, staff on duty contacted Executive
4	Director/Facility Administrator (AD) Vanessa Valencia about visit. LPA observed that current staff are
5	background cleared and associated to the facility.
6	
7	The PUB475 "See Something, Say Something" poster was observed to be located and posted in the
8	mail room. LPA observed the Administrator's Certificate for Vanessa Valencia, which expires on
9	7/29/2027.
10	
11	LPA toured the interior and exterior portions of the facility with AD Valencia. The facility is a seven-story
12	building (including the lower level basement), and is licensed for 150 residents. For this visit, there are a
13	total of 114 residents in care, of which 24 residents are in memory care, and a total of 8 residents on
14	hospice.
15	
16	LPA toured nine bedrooms total in the assisted living and the memory care unit, and observed that
17	bedrooms were provided with furniture in good repair, clean linens, adequate storage space, and kept
18	free of tripping hazards. Restrooms were observed to be in good repair, toilets were operational, and
19	grab bars and non-skid floor mats were provided. Water temperature was measured to be at 118.4
20	degrees Fahrenheit. LPA observed that residents were provided with call buttons, of which were tested
21	and observed to be operational.
22	
23	Facility met the minimum two-day perishable and seven-day non-perishable food supplies. Sharp items
24	and knives were inaccessible to residents in care. Fire extinguisher was charged, mounted and located
25	in multiple areas of the facility. Fire extinguishers were dated and tagged for the date of 2025.

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Celine Rodriguez

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 11/18/2025**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 11/18/2025**This report must be available at Child Care and Group Home facilities for public review for 3 years.**

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

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

FACILITY NUMBER: 306006180

VISIT DATE: 11/18/2025

NARRATIVE	
1	LPA observed that the most recent fire inspection conducted at the facility was held on 11/11/24, of
2	which inspection was passed, and a pending inspection date for 12/1/25.
3	
4	LPA observed the emergency disaster and evacuation plan, which is posted in a facility binder. LPA
5	observed the egress doors were free of hazards and the exit gates were self-latching and functional.
6	LPA observed evacuation chairs were equipped at the stairwells.
7	
8	Facility had back-up emergency food and water supply, located in the basement. LPA observed that First
9	Aid Kit had all the required components. Toxins were observed to be locked. Medications were observed
10	to be locked in the medication room.
11	
12	For the exterior portion, LPA observed patio furniture under shading, and the grounds were free of any
13	hazards. Facility has an enclosed pool, of which an inspection was conducted on May 2025, and was
14	passed.
15	
16	For today's visit no deficiencies were issued per Title 22 Division 6 of the California Code of
17	Regulations. No citations were issued.
18	
19	An exit interview was conducted with AD Valencia.
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21	A copy of this report was explained and provided at the end of visit.
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos NAME OF LICENSING PROGRAM ANALYST: Celine Rodriguez LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 11/18/2025
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 11/18/2025
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