

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604254

Report Date: 01/02/2026

Date Signed: 01/02/2026 03:01:12 PM

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108 |
| FACILITY EVALUATION REPORT | |

| | | | |
|-------------------------|------------------------------------|--|----------------|
| FACILITY NAME: | SILVERADO SENIOR LIVING-ENCINITAS | FACILITY NUMBER: | 374604254 |
| ADMINISTRATOR/DIRECTOR: | SABRINA PEGROSS | FACILITY TYPE: | 740 |
| ADDRESS: | 335 SAXONY ROAD | TELEPHONE: | (949) 240-7200 |
| CITY: | ENCINITAS | STATE: | CA |
| CAPACITY: | 122 | ZIP CODE: | 92024 |
| TYPE OF VISIT: | Case Management - Incident | CENSUS: | 78 |
| | | DATE: | 01/02/2026 |
| | | UNANNOUNCED TIME VISIT/INSPECTION BEGAN: | 11:32 AM |
| MET WITH: | Executive Director Calais Anguiano | TIME VISIT/INSPECTION COMPLETED: | 03:15 PM |

NARRATIVE

1 Licensing Program Analyst (LPA) Nacole Patterson conducted an unannounced Case Management
2 Visit. LPA was greeted by and met with Executive Director Calais Anguiano, to discuss the purpose of
3 the visit.
4
5 Today's visit is in response to the facility's self report regarding Staff 1 (S1) utilizing an unauthorized self-
6 release restraint on Resident 1 (R1) during incontinence care.
7
8 Staff interviews, written staff statements, and facility documentation of the incident revealed that the
9 facility had a "no restraint" policy, which was trained to all employees, including S1. The facility
10 conducted an internal investigation regarding the incident; S1 informed that the intent of the restraint
11 was to keep R1 from scratching themselves due to agitation while being provided care. Upon
12 observation of the restraint by other staff, the situation was elevated to management and S1 was
13 suspended immediately and subsequently terminated. An immediate medical examination was
14 conducted for R1 by a licensed medical professional where no signs of trauma or injury were assessed
15 for R1. All required parties were informed of the incident per reporting requirements. The investigation
16 showed that the situation was elevated per the facility's chain of command and management took
17 immediate action to rectify the incident. The investigation additionally revealed that the facility provided
18 sufficient training to staff regarding appropriate postural support use and the prohibition of unauthorized
19 restraints. S1 admitted knowing the facility's policy against use of restraints.
20
21 LPA conducted a health and safety check for R1 at the facility; no health or safety issues were
22 identified.
23
24 A deficiency was cited per California Code of Regulations, Title 22 (refer to the attached LIC 809-D). A
25 Plan of Correction was jointly developed with the Executive Director. An exit interview was conducted
with Executive Director Calais Anguiano, to whom a copy of this report and the Licensee/Appeal Rights
(LIC9058 03/22) were provided. Their signature confirms receipt of these documents.

NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez

NAME OF LICENSING PROGRAM ANALYST: Nacole Patterson
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/02/2026

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

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.

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Created By: Nacole Patterson On 01/02/2026 at 02:02 PM
Link to Parent Document Below:

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont) | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108 |
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FACILITY NAME: SILVERADO SENIOR LIVING-ENCINITAS

FACILITY NUMBER: 374604254

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/02/2026

| Deficiency Type POC Due Date / Section Number | DEFICIENCIES | PLAN OF CORRECTIONS(POCs) |
|---|--|---|
| Type A 01/30/2026 Section Cited CCR 87608(a)(5) | 1 87608(a)(5) Under no circumstances 2 shall postural supports include tying, 3 depriving, or limiting the use of a 4 resident's hands or feet. 5 6 7 | 1 Licensee immediately suspended and 2 subsequently terminated the staff in 3 question, eliminating future risk. 4 Executive Director agreed to conduct 5 an in-service training for personal 6 rights, specific to postural supports and 7 restraints. |
| | 8 Based on records and interviews, 9 Licensee's employee (S1) restrained 10 R1's hands during care. This posed an 11 immediate personal rights risk to 1 of 12 78 residents in care. 13 14 | 8 Proof of training will be submitted to 9 LPA by the POC due date. 10 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.

| | |
|---|------------------|
| NAME OF LICENSING PROGRAM MANAGER: | Sabel Martinez |
| NAME OF LICENSING PROGRAM ANALYST: | Nacole Patterson |

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/02/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/02/2026