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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604254
Report Date: 09/09/2026
Date Signed: 09/09/2026 11:37:41 PM

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

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	ZIP CODE:	92024
CAPACITY: 122		CENSUS: 76	DATE:	09/09/2026
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	02:30 PM
MET WITH:	Administrator, Clais Anguiano		TIME VISIT/ INSPECTION COMPLETED:	04:45 PM

NARRATIVE

Licensing Program Analyst (LPA) Marisela Garcia-Centeno conducted an unannounced case management visit to follow up on an incident report (LIC 624) received by Community Care Licensing (CCL) on August 19, 2026. LPA was greeted by Administrator Calais Anguiano, identified herself, and explained the purpose of the visit.

The incident report indicated that Resident 1 (R1) sustained an unwitnessed fall at the facility on August 12, 2026, resulting in fractured ribs. Upon review of the incident report, CCL identified a potential concern regarding whether timely medical attention was sought following the incident.

The LIC 624 indicated that R1 sustained an unwitnessed fall on August 12, 2026. An X-ray was ordered on August 15, 2026. The imaging results were received on August 16, 2026, and showed fractures to the seventh and eighth ribs. R1 was subsequently transported to a hospital by emergency medical personnel. R1 was not present at the facility during today's visit.

During today's visit, LPA conducted a health and safety check, observed residents in care, reviewed facility records, and interviewed staff.

During interviews, staff reported that the facility conducted an internal investigation, which resulted in the suspension of a staff member for not following established protocol for conducting appropriate and thorough assessments following a resident fall and for not seeking timely medical attention to meet R1's needs. (continue at LIC809C)

Sabel Martinez
Marisela Garcia-Centeno

	**DATE:** 09/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

	DATE: 09/09/2026

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 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 SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108

FACILITY NAME: SILVERADO SENIOR LIVING-ENCINITAS **FACILITY NUMBER:** 374604254

VISIT DATE: 09/09/2026

NARRATIVE

(continue from LIC809)

Based on the evidence obtained during the case management visit, a deficiency was cited pursuant to Title 22, Division 6, Chapter 8 of the California Code of Regulations and is documented on LIC 809-D. A plan of correction was developed with Administrator Calais Anguiano.

An exit interview was conducted with Administrator Calais Anguiano. A copy of this report and the Licensee Appeal Rights (LIC 9058 3/22) were provided to the Administrator during the visit.

NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez
NAME OF LICENSING PROGRAM ANALYST: Marisela Garcia-Centeno
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 09/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 09/09/2026

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Created By: Marisela Garcia-Centeno On 09/09/2026 at 04:15 PM
Link to Parent Document Below:

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

FACILITY NAME: SILVERADO SENIOR LIVING-ENCINITAS **FACILITY NUMBER:** 374604254

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 09/09/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 09/09/2026 **Section Cited** CCR 87465(g)	1 2 3 4 5 6 7	87465(g) Incidental Medical and Dental Care The licensee shall immediately telephone 9-1-1 if an injury or other circumstance has resulted in an imminent threat to a resident's health including, but not limited to, an apparent life-threatening medical crisis except as specified in Sections 87469(c)(2), (c)(3), or (c)(4). This requirement was not met, as evidenced by:	1 2 3 4 5 6 7	Licensee suspended and is in the process of terminating the staff (S1) member as a result of the incident with R1. Licensee provided proof of S1's suspension and pending termination. The deficiency was cleared during LPA's visit.
	8 9 10 11 12 13 14	Based on interview and record review, the licensee did not comply with the section cited above. The licensee did not seek immediate medical attention for R1 after a fall, which posed a potential health and personal rights risk to 1 of 72 residents in care.	8 9 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: Marisela Garcia-Centeno

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/09/2026