

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604255

Report Date: 03/02/2021

Date Signed: 03/02/2021 03:04:24 PM

Document Has Been Signed on 03/02/2021 03:04 PM - It Cannot Be Edited

Table with 2 columns: STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY and CALIFORNIA DEPARTMENT OF SOCIAL SERVICES. Includes FACILITY EVALUATION REPORT title and address: CCLD Regional Office, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108.

Facility details table with 2 columns. Includes: FACILITY NAME: SILVERADO SENIOR LIVING-ESCONDIDO, ADMINISTRATOR: MCMILLON, TANA, ADDRESS: 1500 BORDEN ROAD, CITY: ESCONDIDO, STATE: CA, CAPACITY: 104, TYPE OF VISIT: Prelicensing, MET WITH: Kellie Pacheco-Smith, Administrator, FACILITY NUMBER: 374604255, FACILITY TYPE: 740, TELEPHONE: (760) 737-7900, ZIP CODE: 92026, DATE: 03/02/2021, TIME BEGAN: 01:35 PM, TIME COMPLETED: 02:32 PM.

NARRATIVE section with numbered lines 1-25. Text describes a Pre-Licensing and Component III inspection by Adam Hamer on 03/02/2021. The facility was inspected by the City of Escondido Fire Department on February 26, 2020. The facility has 104 residents, 46 rooms, and three wings (A, B, C). It includes a kitchen, dining area, lounge, laundry room, and common restrooms. The facility is in compliance with regulations regarding food service, kitchen appliances, and safety features like smoke and carbon monoxide detectors.

NAME OF LICENSING PROGRAM MANAGER: Denise Powell

NAME OF LICENSING PROGRAM ANALYST: Adam Hamer
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 03/02/2021

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 03/02/2021

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

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

FACILITY NAME: SILVERADO SENIOR LIVING-ESCONDIDO **FACILITY NUMBER:** 374604255
VISIT DATE: 03/02/2021

NARRATIVE

| | |
|---|--|
| 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 | <p>Although there is adequate space at the facility to conduct activities for the residents, there were no activities taking place due to current social distancing protocol related to COVID-19. LPA checked the temperature on two thermostats on each side of the facility and each measured at 103 degrees Fahrenheit, which is within the acceptable range designated under the regulation. The walls, ceiling and floors appeared to be clean and in good repair. The window screens also appeared to be in good condition. There are housekeeping utility rooms on campus where chemicals are stored and locked. The facility also has locked medication rooms with 24/7 LVN care for the residents. There are also first aid supplies with all the required items kept at the facility. Facility maintains locked resident records and staff records in the Business Director's office. Prior to COVID-19 restrictions, facility had regularly scheduled resident council meetings. Per Ms. Smith, the facility does not store any ammunition or dangerous weapons at the facility.</p> <p>LPA discussed regulations and reporting requirements, including mandated reporter. LPA also completed the Pre-Licensing and Component III visit with Ms. Smith, and reviewed this report and Appeal Rights (LIC 9058 (FAS 01/16)) with her. LPA emailed a copy of these documents to the email address Ms. Smith previously provided to LPA and Ms. Smith acknowledged receipt of said documents.</p> |
|---|--|

NAME OF LICENSING PROGRAM MANAGER: Denise Powell
NAME OF LICENSING PROGRAM ANALYST: Adam Hamer
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 03/02/2021

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 03/02/2021