

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604255

Report Date: 03/24/2026

Date Signed: 03/24/2026 03:48:46 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME:	SILVERADO SENIOR LIVING-ESCONDIDO	FACILITY NUMBER:	374604255
ADMINISTRATOR/DIRECTOR:	MICHAEL ZULETTA	FACILITY TYPE:	740
ADDRESS:	1500 BORDEN ROAD	TELEPHONE:	(760) 737-7900
CITY:	ESCONDIDO	STATE:	CA
CAPACITY:	104	ZIP CODE:	92026
TYPE OF VISIT:	Required - 1 Year	CENSUS:	73
		DATE:	03/24/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	02:00 PM
MET WITH:	Michael, Zuletta	TIME VISIT/INSPECTION COMPLETED:	03:50 PM

NARRATIVE

1 On 3/24/26, Licensing Program Analyst (LPA) Kyle Wellington made an unannounced visit to the facility
2 to conduct an annual inspection. LPA met with the Administrator (Admin), Michael Zuletta, who was
3 informed of the purpose of the visit. Admin told LPA there are 73 residents and 87 staff members at the
4 facility. The facility has a fire clearance to serve 104 non-ambulatory residents and an approved hospice
5 waiver for 30 residents with 12 residents currently receiving hospice services. LPA received a resident
6 and staff roster from the Admin. LPA did an observation of the inside and outside of the facility with the
7 Admin and conducted record reviews for the inspection.
8
9 The facility is a one story building designated for memory care residents. The facility has a large dining
10 room and common areas available for resident use along with outside shaded areas with seating. Indoor
11 and outdoor passageways are free of obstructions. No bodies of water were observed on the premises.
12 There were fire alarm systems, carbon monoxide detectors, and charged fire extinguishers throughout
13 the facility. The fire extinguisher service tags noted the fire extinguishers were last serviced on 3/2/26.
14 LPA reviewed the Inspection and Testing Certificate provided by JJJ Enterprises noting the facility's fire
15 alarm and signaling systems passed their inspection conducted on 3/9/26. LPA reviewed the facility's
16 Fire/Disaster Drill noting the facility's last fire drill was conducted on 2/17/26. LPA observed the laundry
17 and supply rooms to be locked and inaccessible to residents, LPA toured the kitchen and observed food
18 stored in a safe and clean manner. The facility has a two day supply of perishable foods and a seven
19 day supply of non perishable foods. LPA observed a card rack on the kitchen wall noting residents' food
20 allergies and dietary needs. LPA observed medications secured in medication carts, only accessible to
21 authorized personnel such as nurses and medication technicians. LPA reviewed two staff and two
22 resident files. The files contained all the required paperwork. LPA observed that all facility exits were
23 clear of obstructions and had the required signage.
24
25

NAME OF LICENSING PROGRAM MANAGER: Carolyn Tuba
NAME OF LICENSING PROGRAM ANALYST: Kyle Wellington

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 03/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 03/24/2026

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 RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
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FACILITY NAME: SILVERADO SENIOR LIVING-ESCONDIDO

FACILITY NUMBER: 374604255

VISIT DATE: 03/24/2026

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>No deficiencies were cited during this visit.</p> <p>Exit interview was conducted with the Administrator and a copy of this report was given to the Administrator.</p>

NAME OF LICENSING PROGRAM MANAGER: Carolyn Tuba	
NAME OF LICENSING PROGRAM ANALYST: Kyle Wellington	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 03/24/2026

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