

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 300600905

Report Date: 01/28/2026

Date Signed: 01/28/2026 12:02:35 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:	ST. FRANCIS HOME	FACILITY NUMBER:	300600905
ADMINISTRATOR/DIRECTOR:	VERONICA VILLALPANDO	FACILITY TYPE:	740
ADDRESS:	1718 WEST SIXTH STREET	TELEPHONE:	(714) 542-0381
CITY:	SANTA ANA	STATE:	CA
CAPACITY:	74	ZIP CODE:	92703
TYPE OF VISIT:	Required - 1 Year	CENSUS:	32
		DATE:	01/28/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	08:16 AM
MET WITH:	Veronica Villalpando- Administrator	TIME VISIT/INSPECTION COMPLETED:	12:17 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Alvaro Ramirez, Jr. conducted an unannounced visit for the Required
2 1 Year Inspection. LPA explained the purpose of today's visit, and was greeted and granted entry by
3 Administrator (AD) Veronica Villalpando.
4
5 For today's visit, LPA observed a total of 32 residents in care. LPA observed the AD certificate for AD
6 Villalpando which expires on July 9, 2026.
7
8 LPA toured the interior and exterior portions of the facility with AD Villalpando. The facility is a two story
9 structure and is licensed for a capacity of 74 residents. There are a total of 75 bedrooms. There are
10 seven public bathrooms available in the hallways of the facility for resident use. LPA observed that
11 bedrooms were provided with furniture in good repair, clean linens, adequate storage space, and were
12 kept free of tripping hazards. Smoke and carbon monoxide detector and auditory exit alarms were
13 tested and operational. The last fire alarm inspection was conducted on December 16, 2025. Restrooms
14 were observed to be in good repair, toilets were operational, and grab bars and non-skid floor mats were
15 provided. LPA observed bathrooms to have hand washing signs posted. Water temperature tested
16 between 107.7-113.6 degrees Fahrenheit.
17
18 Facility met the minimum the two-day perishable and seven-day non-perishable food supplies. Sharp
19 items and knives were locked and inaccessible to residents in care. Fire extinguishers were charged
20 with a service date of May 8, 2025.
21
22 CONTINUED ON LIC 809-C
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Alvaro Ramirez Jr.



DATE: 01/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/28/2026

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

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868</p>
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FACILITY NAME: ST. FRANCIS HOME

FACILITY NUMBER: 300600905

VISIT DATE: 01/28/2026

NARRATIVE	
<p>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>	<p>During the tour LPA observed a monthly activities calendar posted by the residents' bedroom hallway. LPA also observed residents having breakfast and participating in the morning Rosary.</p> <p>LPA observed the emergency disaster and evacuation plan, located by the front receptionist desk.</p> <p>Facility had back-up emergency food and water supply. LPA observed that First Aid Kit had all the required components. LPA observed that medications and toxins were locked and inaccessible to residents in care.</p> <p>For the exterior portion, LPA observed a shaded patio area with furniture, and observed that the grounds were free of any hazards. There are two exit gates in the backyard.</p> <p>LPA reviewed five resident files and four staff files. LPA interviewed residents and staff present.</p> <p>Based on the observations made on today's inspection, no deficiencies are being cited per Title 22 Division 6 of the California Code of Regulations.</p> <p>An exit interview was conducted with AD Villalpando.</p> <p>A copy of this report was provided at the time of exit.</p>

<p>NAME OF LICENSING PROGRAM MANAGER: Sheila Santos NAME OF LICENSING PROGRAM ANALYST: Alvaro Ramirez Jr. LICENSING PROGRAM ANALYST SIGNATURE: _____ DATE: 01/28/2026</p>
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<p>FACILITY REPRESENTATIVE SIGNATURE: _____ DATE: 01/28/2026</p>
