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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 300606831
Report Date: 07/29/2026
Date Signed: 07/29/2026 03:33:14 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 ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868

FACILITY NAME:	FREEDOM VILLAGE		FACILITY NUMBER:	300606831
ADMINISTRATOR/ DIRECTOR:	HRAG H BEKERIAN		FACILITY TYPE:	741
ADDRESS:	23442 EL TORO ROAD		TELEPHONE:	(949) 472-4733
CITY:	LAKE FOREST	STATE: CA	ZIP CODE:	92630
CAPACITY: 533		CENSUS: 344	DATE:	07/29/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	08:21 AM
MET WITH:	Selina Stewart-Administrator,		TIME VISIT/ INSPECTION COMPLETED:	03:50 PM

NARRATIVE

Licensing Program Analysts (LPAs) Alvaro Ramirez, Jr. and Taylor Simerly conducted an unannounced visit for the Required 1 Year Inspection. LPAs explained the purpose of today's visit, and were greeted and granted entry by Director of Assisted Living Jackeline Arreaga. Administrator (AD) Selina Stewart arrived shortly after.

LPA observed the AD Certificate for facility AD Selina Stewart which expires on May 25, 2028.

LPAs toured the interior and exterior portions of the facility with Director Arreaga. The facility is a three level building with Skill Nursing on the first floor and Assisted Living on the second and third floors. The facility is licensed for 136 non-ambulatory residents on the second and third floor, of which five may be on hospice. The Assisted Living has 61 residents in care during today's visit. Facility has a library, beauty salon, and multiple visitation areas.

During today's visit LPAs observed residents in the beauty salon, watching television in their bedroom and/or relaxing in the common areas.

LPAs toured the bedrooms in the facility and observed that bedrooms were provided with furniture in good repair, clean linens, adequate storage space, and were kept free of tripping hazards. Fire extinguishers were charged and mounted throughout the hallways. The fire extinguishers were last service on June 11, 2026. Quick Response Fire Protection conducted a fire sprinkler inspection on July 24, 2026 and facility tests smoke detectors in-house monthly. Restrooms were observed to be in good repair, toilets were operational, and grab bars and non-skid floor mats were provided. Water temperature tested between 106.5-110.5 degrees Fahrenheit.

CONTINUED ON LIC809-C..

Sheila Santos
Alvaro Ramirez Jr.

	**DATE:** 07/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

	DATE: 07/29/2026

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 ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868

FACILITY NAME: FREEDOM VILLAGE **FACILITY NUMBER:** 300606831

VISIT DATE: 07/29/2026

NARRATIVE

Facility met the minimum two-day perishable and seven-day non-perishable food supplies. Sharp items and knives were locked and inaccessible to residents in care.

LPAs observed the emergency disaster and evacuation plan, which is located in the main lobby. Licensee was advised to use the updated Emergency Distaste Plan (LIC610E) dated December 2025. Facility had back-up emergency food and water supply. LPAs observed that the First Aid Kit had all the required components. LPAs observed that medications and toxins were locked and inaccessible to residents in care. Medications are locked in the Medication carts.

For the exterior portion, LPAs observed a shaded area, patio furniture, and the grounds were free of any hazards. No bodies of water were observed.

LPA reviewed ten resident files and five staff files. LPA interviewed residents and staff present. During today's visit LPAs observed that 15 residents are on Hospice. However, the facility currently has an approved Hospice Waiver for five residents; a Deficiency is being issued today.

For today's visit one deficiency was issued per Title 22 Division 6 of the California Code of Regulations.

An exit interview was conducted with Director Arreaga.

A copy of this report and Appeal Rights were provided at the time of exit.

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Alvaro Ramirez Jr.
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 07/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/29/2026

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Created By: Alvaro Ramirez Jr. On 07/29/2026 at 02:28 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 , 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868

FACILITY NAME: FREEDOM VILLAGE **FACILITY NUMBER:** 300606831

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/29/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87632(a)(1)	

This requirement is not met as evidenced by: (a) In order accept or retain terminally ill residents and permit them to receive care from a hospice agency, the licensee shall have obtained a facility hospice care waiver from the Department. To obtain this waiver the licensee shall submit a written request for a waiver to the Department on behalf of any residents who may request retention, and any future residents who may request acceptance, along with the provision of hospice services in the facility. The request shall include, but not be limited to the following:

(1) Specification of the maximum number of terminally ill residents which the facility wants to have at any one time.

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above which poses a potential health, safety or personal rights risk to persons in care. During today's visit LPA observed that 15 residents are on Hospice; however, the facility currently has a Hospice Waiver approved for five residents.
	POC Due Date: 08/04/2026
	Plan of Correction
1 2 3 4	Licensee to submit a request for a Hospice Waiver increase. Licensee to submit POC by POC due date.

		Section Cited			

	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 2 3 4	

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: Sheila Santos

NAME OF LICENSING PROGRAM ANALYST: Alvaro Ramirez Jr.

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/29/2026