

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306000289

Report Date: 08/10/2022

Date Signed: 08/10/2022 04:00:03 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT	

FACILITY NAME: LAGUNA PALMS	FACILITY NUMBER: 306000289
ADMINISTRATOR: MICHAEL MILO	FACILITY TYPE: 740
ADDRESS: 24571 KINGS ROAD	TELEPHONE: (949) 859-7929
CITY: LAGUNA NIGUEL	STATE: CA
CAPACITY: 6	ZIP CODE: 92677
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Michael Milo, Julieta Milo	DATE: 08/10/2022
	UNANNOUNCED TIME BEGAN: 03:00 PM
	TIME COMPLETED: 04:16 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Joseph Alejandro made an unannounced visit to conduct the required
2	annual inspection (mitigation). LPA was greeted and granted entry by staff. LPA met with Administrators
3	Michael Milo and Julieta Milo. Michael Milo's Administrator's certificate expires 9/6/2023 and Julieta
4	Milo's Administrator's certificate expires 7/3/2023. LPA and Administrators toured the facility. Facility has
5	7 bedrooms and 4 bathrooms. One bedroom is for staff and kept locked. All the resident bedrooms had
6	the required furnishings and were clean and organized. Hot water measured 109.0 degrees Fahrenheit.
7	The garage is used for storage and kept locked. Smoke detectors were tested and are operational.
8	Carbon monoxide detector was tested and is operational. The kitchen was clean and LPA observed the
9	medications are kept in a kitchen cabinet that is kept locked. LPA observed a two day perishable and a
10	seven day non-perishable food supply on hand in the kitchen. LPA inspected the first aid kit and it
11	contained all the required elements. LPA did not observe any obstacles or hazards in the facility. LPA
12	toured the backyard of the facility. LPA observed a small fountain in the backyard. Backyard exit gate is
13	operational, latched and secured. LPA did not observe any obstacles or hazards in the backyard. There
14	is a shaded seating area in the backyard for residents. No deficiencies observed at the time of the visit.
15	No deficiencies are being cited as result of this visit. LPA conducted an exit interview with the
16	Administrators and a copy of the report was provided. Michael Milo declined to sign the report. Report
17	signed by LPA and provided to the Administrator.
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NAME OF LICENSING PROGRAM MANAGER: Luz Adams
NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandro

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/10/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/10/2022

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