

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 306000289

Report Date: 08/26/2021

Date Signed: 08/26/2021 02:26:22 PM

Document Has Been Signed on 08/26/2021 02:26 PM - It Cannot Be Edited

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
<b>FACILITY EVALUATION REPORT</b>	

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: 5
MET WITH: Julieta Milo	DATE: 08/26/2021
	UNANNOUNCED TIME BEGAN: 01:15 PM
	TIME COMPLETED: 02:44 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Joseph Alejandro made an unannounced visit to conduct the required
2	annual inspection. LPA was greeted and granted entry by Administrator Julieta Milo. Michael Milo's
3	Administrator's certificate expires 9/6/2021. LPA and Administrator toured the facility. Facility has 7
4	bedrooms and 4 bathrooms. One bedroom is for staff and kept locked. All the resident bedrooms had
5	the required furnishings and were clean and organized. The garage is used for storage and kept locked.
6	Smoke detectors were tested and are operational. Carbon monoxide detector was tested and is
7	operational. The kitchen was clean and LPA observed the medications are kept in a kitchen cabinet that
8	is kept locked. LPA inspected the first aid kit and it contained all the required elements. LPA observed 2
9	day perishable and 7 day non-perishable food supply on hand. LPA did not observe any obstacles or
10	hazards in the facility. LPA toured the backyard of the facility. LPA observed a small fountain in the
11	backyard. Backyard exit gate is operational, latched and secured. LPA did not observe any obstacles or
12	hazards in the backyard. Facility is pending mitigation plan approval. No deficiencies are being cited.
13	LPA conducted an exit interview with the Administrator and a copy of the report was provided.
14	Administrator Julieta Milo refused to sign the report. Report signed by LPA and provided to the
15	Administrator.
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Luz Adams
NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandro

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/26/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/26/2021

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