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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306000289
Report Date: 08/26/2026
Date Signed: 08/26/2026 12:05:12 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:	LAGUNA PALMS		FACILITY NUMBER:	306000289
ADMINISTRATOR/ DIRECTOR:	MICHAEL MILO		FACILITY TYPE:	740
ADDRESS:	24571 KINGS ROAD		TELEPHONE:	(949) 859-7929
CITY:	LAGUNA NIGUEL	STATE: CA	ZIP CODE:	92677
CAPACITY: 6		CENSUS:	DATE:	08/26/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	08:25 AM
MET WITH:			TIME VISIT/ INSPECTION COMPLETED:	12:05 PM

NARRATIVE

Licensing Program Analyst (LPA) Joseph Alejandre made an unannounced visit to conduct the required annual inspection. LPA met with Co-Administrator (CA) Julieta Santiago and explained the reason for the visit. Michael Milo's Administrator's Certificate expires on September 6, 2025. Facility is licensed for 6 non-ambulatory residents with a hospice waiver for 2 residents. No residents are currently on hospice. LPA and the Co-Administrator toured the facility. Facility is a single story home with 6 bedrooms, 1 staff room, 4 bathrooms, living room with a screened fireplace, family room with a screened fireplace, dining room, kitchen and a 2 car garage. LPA observed the See Something, Say Something poster (PUB 475) posted next to the front door in the living room. The living room has a couch and two chairs. LPA observed games and books stored in the living room. There is a large fish tank in the living room. The CA reported that the fireplaces are never used. LPA observed all six resident rooms had the required linens and furnishings. LPA observed a two day perishable and a seven day non-perishable food supply on hand in the kitchen. Knives are kept locked in a tool box in the kitchen. LPA observed the fire extinguisher in the kitchen is fully charged. LPA observed all bathrooms are clean and operational. Hot water measured 114.6 degrees Fahrenheit in all bathrooms. LPA observed clean linens stored in the hall pantry. LPA and CA toured the garage. The garage is kept locked and used for storage. LPA observed a day emergency supply of food and water in the garage. Smoke detectors/carbon monoxide detectors tested operational. The last emergency drill was conducted on July 15, 2026. LPA and CA toured the backyard. There is a fountain in the backyard. The backyard has a covered patio with chairs to sit outside. The exit gate is operational. No obstacles or hazards observed in the backyard. LPA reviewed 5 resident files and medication. No discrepancies observed. LPA reviewed two staff files, both staff members are background cleared and associated to the facility.

Sheila Santos
Joseph Alejandre

	**DATE:** 08/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE: 	**DATE:** 08/26/2026

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: LAGUNA PALMS **FACILITY NUMBER:** 306000289

VISIT DATE: 08/26/2026

NARRATIVE

Staff 1 (S1) and Staff 2 (S2) did not have 4 hours of training specific to postural supports, hospice and restricted health conditions but did have 20 hours of total training. S1 and S2 both have current CPR/First Aid Training. No other discrepancies observed. Facility has a dedicated internet device (tablet) for resident use. LPA inspected the first aid kit. The first aid kit has all the required elements. Deficiencies are being cited per Title 22 Division 6 of the California Code of Regulations. Co-Administrator Julieta Santiago refused to sign the report (LIC 809 & LIC 809D) including the deficiency page (LIC 809D) per advise from her attorney. An exit interview was conducted and a copy of the report provided along with appeal rights.

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandre
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 08/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/26/2026

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Created By: Joseph Alejandre On 08/26/2026 at 11:56 AM
Link to Parent Document Below:

FACILITY NAME: LAGUNA PALMS **FACILITY NUMBER:** 306000289

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/26/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.625(b)(2)	

Other Provisions

(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in 2 out of 2 staff files which poses/posed a potential health, safety or personal rights risk to persons in care.

	POC Due Date: 09/03/2026
	Plan of Correction
1 2 3 4	Licensee agrees to train staff in compliance with the regulation above. Licensee agrees to train Staff 1 and Staff 2 with 4 hours of training on postural supports, hospice and restricted health conditions. Licensee to submit proof of training to LPA by the 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: Joseph Alejandre

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/26/2026