

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306001818
Report Date: 07/22/2026
Date Signed: 07/22/2026 04:45:54 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:	D'BEST CARE	FACILITY NUMBER:	306001818
ADMINISTRATOR/MA DINAH DELA CRUZ		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(714) 278-0528
ADDRESS:	3608 W. ASH AVENUE	ZIP CODE:	92833
CITY:	FULLERTON	STATE:	CA
CAPACITY:	6	CENSUS:	3
TYPE OF VISIT:	Required - 1 Year	DATE:	07/22/2026
		UNANNOUNCED TIME VISIT/INSPECTION	02:15 PM
		BEGAN:	
MET WITH:	Administrator Ma Dinah Dela Cruz	TIME VISIT/INSPECTION	05:00 PM
		COMPLETED:	

NARRATIVE	
1	On July 22, 2026, Licensing Program Analyst (LPA) Brandon Lopez made an unannounced visit to the facility to conduct the required annual inspection. LPA was greeted and granted entry into the facility by care giving staff after explaining the purpose for the visit. Administrator (AD) Ma Dinah Dela Cruz was presented and assisted on today's visit. LPA observed Ma Dinah Dela Cruz has a valid Administrator certificate which expires on May 8, 2027.
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7	The facility is a Residential Care Facility for the Elderly (RCFE) licensed for six non-ambulatory residents and has a hospice waiver for two. The facility is a single story home with three resident bedrooms, two staff bedroom, three bathrooms, a living room, a dining room, a kitchen, and an unattached two car garage. LPA, accompanied by the AD, conducted a tour of the interior portions of the facility. On today's visit, LPA observed three resident in care and three staff present. LPA observed residents relaxing in their respective bedrooms. LPA observed the See Something, Say Something poster, (PUB 475) mounted on the wall by the entryway of the facility. LPA inspected all three resident bedrooms and observed them to be free of hazards. LPA observed resident bedrooms to have the required furnishings of a bed, a chair, a chest of drawers, and a lamp. LPA observed resident beds to have clean linens and blankets. LPA observed additional linens to be stored in each resident's bedroom. LPA inspected the two shared resident bathrooms and observed them to be clean. Bathrooms were equipped with grab bars and non-skid floor mats. Faucets and toilets were operational. Hot water temperature measured between 109 and 109.5 degrees Fahrenheit. LPA observed the two staff bedroom to be kept locked and inaccessible to residents in care.
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22	LPA observed the facility has a two day perishable and a seven day non-perishable food supply on hand. CONTINUED ON LIC809-C
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DATE: 07/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/22/2026

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

LIC809 (FAS) - (06/04)
California Health & Human Services Agency

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California Department of Social Services

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	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100
	ORANGE, CA 92868

FACILITY NAME: D'BEST CARE	FACILITY NUMBER: 306001818
	VISIT DATE: 07/22/2026

NARRATIVE	
1	LPA observed the facility has a three day emergency food and water supply stored in the kitchen. LPA
2	observed kitchen appliances to be clean and operational. LPA observed the five burner gas stove lights
3	unassisted. LPA observed kitchen knives and sharps to be stored in a locked kitchen cabinet. LPA
4	observed chemicals and toxins to be stored in a separate locked kitchen cabinet under the sink. LPA
5	observed a fire extinguisher to be mounted on the wall in the kitchen and it was observed to be charged
6	and serviced on June 20, 2026. LPA tested the wired smoke detectors/carbon monoxide detectors which
7	tested operational. LPA observed the facility conducted their most recent emergency disaster drill on
8	June 27, 2026. LPA observed the centrally stored medication to be kept in a locked cabinet located in
9	the kitchen. LPA observed the facility has a first aid kit mounted on the wall in the resident hallway and it
10	had all the required components.
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12	LPA, accompanied by the AD, conducted a tour of the exterior portion of the facility. LPA observed the
13	exterior to be free of any obstruction or hazards. LPA observed a shaded outdoor seating area with
14	furniture for resident use. LPA observed the two garage to be inaccessible to residents in care. LPA
15	observed the unattached two car garage to be used for storage. LPA observed the perimeter gate of the
16	facility to be self latching and can be opened in an evacuation. There are no bodies of water on the
17	premises.
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19	LPA reviewed all three resident files. All the required documentation were present and current in the
20	resident file reviewed. LPA reviewed the residents' medication and medication records. LPA reviewed
21	four staff files. All staff are background cleared and associated to the facility.
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23	Based on the observations made during today's visit, no deficiencies are being cited per Title 22 of the
24	California Code of Regulations. An exit interview was conducted with Administrator Ma Dinah Dela Cruz
25	and a copy of the report was provided at time of visit.
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos	
NAME OF LICENSING PROGRAM ANALYST: Brandon Lopez	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/22/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/22/2026