

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306002559
Report Date: 03/21/2022
Date Signed: 03/21/2022 11:07:48 AM

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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 II	FACILITY NUMBER: 306002559
ADMINISTRATOR: MICHAEL G. MILO	FACILITY TYPE: 740
ADDRESS: 29501 VIA SAN SEBASTIAN	TELEPHONE: (949) 429-6397
CITY: LAGUNA NIGUEL	STATE: CA
CAPACITY: 6	ZIP CODE: 92677
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Julieta Milo	DATE: 03/21/2022
	UNANNOUNCED TIME BEGAN: 09:50 AM
	TIME COMPLETED: 11:25 AM

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 Administrator
3	Julieta Milo. LPA explained the reason for the visit. LPA and Administrator toured the facility. Facility has
4	8 bedrooms (2 are for staff), 7 bathrooms, living room, dining room, kitchen and a two car garage. There
5	is a fountain in the courtyard of the facility. The fountain is empty and has no water. LPA observed the
6	PUB 475 poster (See Something, Say Something poster) is 10 1/2 X 17 inches. LPA observed all
7	resident bedrooms had the required furnishings and were large enough to accommodate the resident
8	and their belongings. LPA observed all bathrooms were clean and operational. Hot water measured
9	115.3 to 119.6 degrees Fahrenheit. Smoke detectors/carbon monoxide detectors tested operational. LPA
10	observed a 2 day perishable and 7 day non-perishable food supply on hand in the kitchen. LPA and
11	Administrator toured the backyard. There is a small fountain and seating area in the backyard. The exit
12	gate is operational. No obstacles or hazards observed in the backyard. LPA and Administrator toured the
13	garage. The garage is kept locked and used to store extra supplies. Facility has submitted the mitigation
14	plan. No deficiencies observed during the visit. No deficiencies are being cited as a result of this visit. An
15	exit interview was conducted and a copy of the report provided. Administrator refused to sign the report
16	(LIC 809).
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NAME OF LICENSING PROGRAM MANAGER: Luz Adams NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandro

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/21/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/21/2022

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