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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306002559
Report Date: 03/30/2026
Date Signed: 03/30/2026 11:59:38 AM

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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 II		FACILITY NUMBER:	306002559
ADMINISTRATOR/ DIRECTOR:	MICHAEL G. MILO		FACILITY TYPE:	740
ADDRESS:	29501 VIA SAN SEBASTIAN		TELEPHONE:	(949) 429-6397
CITY:	LAGUNA NIGUEL	STATE: CA	ZIP CODE:	92677
CAPACITY: 6		CENSUS: 5	DATE:	03/30/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	08:15 AM
MET WITH:	Julieta Milo		TIME VISIT/ INSPECTION COMPLETED:	12:15 PM

NARRATIVE

Licensing Program Analyst (LPA) Joseph Alejandre made an unannounced visit to conduct the required annual inspection. LPA was greeted and granted entry by staff. LPA met with Co-Administrator Julieta Milo explained the reason for the visit. Michael Milo's Administrator's certificate expires on September 6, 2027. Facility is a one story home with 8 bedrooms, two rooms are for staff., living room, 7 bathrooms, kitchen, dining room and a two car garage that is kept locked and used for storage. Facility is licensed for 6 non-ambulatory residents. LPA and Co-Administrator Julieta Milo toured the facility. LPA observed the See Something Say Something Sign posted in the entry way of the facility. There is a fountain in the front courtyard and a table with chairs and an umbrella to sit outside. LPA observed all resident rooms had the required furnishings. LPA observed all bathrooms were clean and operational. Hot water in the bathrooms measured 115.8 degrees Fahrenheit. LPA observed the medications are kept locked in a kitchen cabinet. LPA observed the stove is operational. LPA observed there were no measures to prevent access to the stove to make it inoperable when not is use. There is a 2 day perishable and a 7 day non-perishable food supply on hand in the kitchen. Knives are kept locked under the kitchen sink. LPA observed the laundry room is kept locked. The laundry room is used to store cleaning supplies. LPA and the Co-Administrator toured the backyard and garage. The garage is kept locked and used to store extra supplies, food and furniture. LPA observed emergency food and water stored in the garage. There is a small fountain in the backyard. The backyard connects to the front yard on the west side of the house. The side walk way on the east side of the house connects to the driveway and has an exit gate that is operational. LPA observed bicycles, a wood pallet, a hoyer lift and brooms stored on the east side of the house on the walk way. The front yard is fenced and has a gate. LPA observed all fire extinguishers are fully charged. Carbon monoxide and smoke detectors tested operational. The last fire drill was conducted on January 15, 2026.

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandre

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/30/2026

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 II **FACILITY NUMBER:** 306002559

VISIT DATE: 03/30/2026

NARRATIVE

LPA inspected the first aid kit. The first aid kit had all the required elements. Facility has an internet device (Tablet) for dedicated resident use. LPA reviewed 5 resident files and medications. No discrepancies observed in the resident files. LPA reviewed 2 staff files. Both staff members have the required training including CPR training, and are background cleared and associated to the facility. No deficiencies are being cited as a result of this visit. An exit interview was conducted and a copy of the report was provided. The Co-Administrator refused to sign the report (LIC 809).

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandre
LICENSING PROGRAM ANALYST SIGNATURE:
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