

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306002568
Report Date: 09/29/2021
Date Signed: 10/22/2021 11:58:55 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: SUNRISE AT YORBA LINDA	FACILITY NUMBER: 306002568
ADMINISTRATOR: MARIA DOMINGO	FACILITY TYPE: 740
ADDRESS: 4792 LAKEVIEW AVE	TELEPHONE: (714) 693-5368
CITY: YORBA LINDA	STATE: CA
CAPACITY: 93	ZIP CODE: 92886
TYPE OF VISIT: Required - 1 Year	CENSUS: 75
MET WITH: Maria Domingo, Administrator	DATE: 09/29/2021
	UNANNOUNCED TIME BEGAN: 02:45 PM
	TIME COMPLETED: 04:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Kathrina Chin conducted an unannounced required annual inspection
2	in this facility. LPA met with Maria Domingo, Executive Director and stated the purpose of this visit.
3	
4	LPA Chin was granted entry after completing the Coronavirus 2019 (COVID 19) screening procedure.
5	Facility has 75 residents in care and fifteen staff members on the floor. LPA toured the interior and
6	exterior portions of the facility. Rooms were provided with furniture in good repair, clean linens, adequate
7	storage space, and kept free of tripping hazards. Smoke, carbon monoxide and auditory exit alarms
8	were tested to be operational. Bathrooms were observed to be in good repair; and provided with grab
9	bars and non-skid floor mats. Hot water was measured at 114.9 F degrees Fahrenheit. Facility met the
10	minimum two-day perishable and seven-day non-perishable food stock requirements. Medications,
11	cleaning supplies and sharp items were inaccessible to residents in care. Fire extinguisher was mounted
12	and charged. For the exterior portion, facility had patio furniture in good repair, and grounds were free of
13	tripping hazards. LPA observed the emergency disaster and evacuation plans. Facility has back-up
14	emergency food and water supply as well as PPE supplies.
15	
16	LPA Chin reviewed the COVID 19 mitigation plan of the facility.
17	
18	For this visit, the facility was observed to be in substantial compliance with Title 22 Division 6 of the
19	California Code of Regulations.
20	
21	LPA Chin conducted an exit interview with Maria Domingo, Executive Director and copy of this report
22	was left in the facility.
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos NAME OF LICENSING PROGRAM ANALYST: Kathrina Chin
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/29/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/29/2021

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