

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306002568
Report Date: 09/30/2022
Date Signed: 09/30/2022 01:11:47 PM

COMPREHENSIVE INSPECTION

Document Has Been Signed on 09/30/2022 01:11 PM - It Cannot Be Edited

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:	68
MET WITH:	Business Office Manager Cristine Taylor	DATE:	09/30/2022
		UNANNOUNCED TIME BEGAN:	10:30 AM
		TIME COMPLETED:	01:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Michelle Reed made an unannounced visit to the facility. The purpose
2	of the visit was to conduct a 1 year Required Annual. LPA was granted entry after completing the
3	Coronavirus 2019 (COVID 19) screening procedure and met with Business Office Manager Cristine
4	Taylor. Maria Domingo is no longer the Administrator and Tyler Hawk has been appointed the facility
5	Administrator. Required Administrator paperwork will need to be sent to Licensing. Mr. Hawk was not
6	present at the time of visit.
7	
8	The facility is a two-level structure licensed for 83 non-ambulatory residents. There is a hospice waiver
9	for 15 and currently there are 5 residents receiving hospice services. This facility also has a Memory
10	Care Unit.
11	
12	At about 10:45 am, LPA conducted a tour of the physical plant inside and out with Cristine Taylor. The
13	visit focused primarily on Infection Control. The facility is a two story building. Resident rooms are
14	located upstairs and downstairs. The Memory Care Unit (Reminiscence) is located downstairs.
15	
16	LPA toured common areas as well as the kitchen and dining rooms. Facility met the minimum two-day
17	supply of perishable and seven-day supply of non-perishable food stock requirements. Cleaning
18	supplies and sharp items were inaccessible to residents in care. PPE is present and in sufficient supply.
19	Fire extinguishers were observed to be charged and operational and the Orange County Fire Authority
20	had visited on 9/8/22 to check alarms and sprinklers. Resident rooms were selected at random for
21	inspection from floors 1 and 2. Resident rooms (6,115,117,204,230 and 234) were inspected for
22	selection. Resident rooms were provided with furniture in good repair, clean linens, adequate storage
23	space, and kept free of tripping hazards. Resident rooms have private bathrooms. Resident bathrooms
24	were observed to be in good repair and provided with grab bars and hot water was measured between
25	106 degrees and 113 degrees Fahrenheit.

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Michelle Reed

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/30/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/30/2022

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

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 (Cont)

FACILITY NAME: SUNRISE AT YORBA LINDA

FACILITY NUMBER: 306002568

VISIT DATE: 09/30/2022

NARRATIVE

1 LPA toured the outside grounds. There were no bodies of water present. There was shading and
2 sufficient seating for clients. Walkways were clear of hazards.
3
4 Facility has back-up emergency food and water supply. The First Aid Kits met all the required
5 components, and the facility had sufficient PPEs. LPA discussed the Assembly Bill (AB) 665. This bill
6 would require residential facilities serving adults, residential care facilities for persons with chronic life-
7 threatening illness, residential care facilities for the elderly, and social rehabilitation facilities with existing
8 internet service to provide at least one internet access device that can support real-time interactive
9 applications, is equipped with video conferencing technology, and is dedicated for client or resident use.
10
11 LPA reminded the importance of staying abreast with CCLD's COVID-19 guidance by reviewing and
12 printing the Provider Information Notices (PINs) as well as by attending the CCLD Informational Calls.
13 The PINs can be accessed at: www.cclld.ca.gov.
14
15 Based on the observations made during today's visit, no deficiencies cited in this review as per Title 22
16 Division 6 of the California Code of Regulations.
17
18
19 1 advisory note was issued for best practices.
20
21 An exit interview was conducted with Cristine Taylor and a copy of this report was provided.
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos

NAME OF LICENSING PROGRAM ANALYST: Michelle Reed

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/30/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/30/2022