

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 306003396

Report Date: 04/24/2024

Date Signed: 04/24/2024 10:43:35 AM

Document Has Been Signed on 04/24/2024 10:43 AM - It Cannot Be Edited

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	JOYFUL HOME	FACILITY NUMBER:	306003396
ADMINISTRATOR/EMMANUEL DIZON DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	25002 HENDON STREET	TELEPHONE:	(949) 588-0830
CITY:	LAGUNA HILLS	STATE: CA	ZIP CODE: 92653
CAPACITY:	6	CENSUS: 4	DATE: 04/24/2024
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	INSPECTION BEGAN: 08:40 AM
MET WITH:	Sherry Dizon, Administrator	INSPECTION TIME VISIT/	10:45 AM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Ruth Martinez is conducting this unannounced visit for the purpose of completing an annual required inspection. LPA arrived at the facility and was greeted and granted entry by Sherry Dizon, Administrator and LPA explained the nature of the visit. There are four residents at the facility and there are no residents receiving hospice services currently.
2	LPA accompanied with Administrator began the tour of the inside and outside of the facility. LPA observed required department postings throughout the facility. Facility stays within the capacity limitations. There is a minimum of one week of non-perishables foods and two days of perishables foods available. There is additional food storage in storage in spare refrigerators located in garage. The facility is maintained at a comfortable temperature. LPA inspected that medication is centrally stored in a safe locked storage cabinet located in a storage closet located in bedroom hallway. LPA reviewed medication and observed medication was labeled and stored inaccessible to residents in care. LPA inspected the bathroom and LPA measured the hot water temperature which measured 108.3 Fahrenheit degrees. All bathrooms observed to have a supply of soap, toilet paper and towels. Bathrooms are equipped with required safety measures such as non-skid mats and grab bars. Lighting is sufficient to ensure safety and comfort. The facility is equipped with sufficient hand hygiene, cleaning, and disinfecting supplies. LPA observed that toxic chemicals, cleaning solutions and disinfectants are stored locked underneath kitchen sink and locked storage cabinet in the garage. The facility has an available clean supply of linens. LPA inspected residents' bedrooms which has sufficient lighting to ensure the safety and comfort. All bedrooms observed to have all required components. Storage space is provided for residents in their bedroom. Smoke detectors were tested and found to be operational. LPA toured the outside of the facility and observed outdoor passageways are free of obstructions. LPA observed there are shaded seating areas for residents' enjoyment. LPA observed a fire extinguisher with
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**NAME OF LICENSING PROGRAM MANAGER:** Armando J Lucero  
**NAME OF LICENSING PROGRAM ANALYST:** Ruth Martinez  
**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 04/24/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 04/24/2024

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

LIC809 (FAS) - (06/04)

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COMMUNITY CARE LICENSING DIVISION  
ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100  
ORANGE, CA 92868

## **FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** JOYFUL HOME

**FACILITY NUMBER:** 306003396

**VISIT DATE:** 04/24/2024

### **NARRATIVE**

1 service date April 23, 2024, in kitchen. Fire drills are conducted every three months. LPA began review  
2 of records. LPA reviewed two resident records. All the required documentation was present and current  
3 in the residents' files reviewed. LPA reviewed two employee records. All employees present have a  
4 criminal record clearance and are associated to the facility. LPA observed records reviewed have a  
5 current First Aid certificate.

6  
7 Based on the observations made during today's visit, no deficiencies were noted today in the areas  
8 inspected per **Title 22 Division 6 of the California Code of Regulations.**  
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10 This report was reviewed with the Administrator and a copy of this report was provided to the facility.  
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**NAME OF LICENSING PROGRAM MANAGER:** Armando J Lucero  
**NAME OF LICENSING PROGRAM ANALYST:** Ruth Martinez  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 04/24/2024

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 04/24/2024

