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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306003396
Report Date: 04/24/2024
Date Signed: 04/24/2024 10:43:35 AM

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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	
FACILITY EVALUATION REPORT			
FACILITY NAME: JOYFUL HOME		FACILITY NUMBER:	306003396
ADMINISTRATOR/EMMANUEL DIZON		FACILITY TYPE:	740
DIRECTOR:			
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	08:40 AM
MET WITH: Sherry Dizon, Administrator		BEGAN: TIME VISIT/ INSPECTION	10:45 AM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Ruth Martinez is conducting this unannounced visit for the purpose of
2	completing an annual required inspection. LPA arrived at the facility and was greeted and granted entry
3	by Sherry Dizon, Administrator and LPA explained the nature of the visit. There are four residents at the
4	facility and there are no residents receiving hospice services currently.
5	
6	LPA accompanied with Administrator began the tour of the inside and outside of the facility. LPA
7	observed required department postings throughout the facility. Facility stays within the capacity
8	limitations. There is a minimum of one week of non-perishables foods and two days of perishables foods
9	available. There is additional food storage in storage in spare refrigerators located in garage. The facility
10	is maintained at a comfortable temperature. LPA inspected that medication is centrally stored in a safe
11	locked storage cabinet located in a storage closet located in bedroom hallway. LPA reviewed medication
12	and observed medication was labeled and stored inaccessible to residents in care. LPA inspected the
13	bathroom and LPA measured the hot water temperature which measured 108.3 Fahrenheit degrees. All
14	bathrooms observed to have a supply of soap, toilet paper and towels. Bathrooms are equipped with
15	required safety measures such as non-skid mats and grab bars. Lighting is sufficient to ensure safety
16	and comfort. The facility is equipped with sufficient hand hygiene, cleaning, and disinfecting supplies.
17	LPA observed that toxic chemicals, cleaning solutions and disinfectants are stored locked underneath
18	kitchen sink and locked storage cabinet in the garage. The facility has an available clean supply of
19	linens. LPA inspected residents' bedrooms which has sufficient lighting to ensure the safety and comfort.
20	All bedrooms observed to have all required components. Storage space is provided for residents in their
21	bedroom. Smoke detectors were tested and found to be operational. LPA toured the outside of the
22	facility and observed outdoor passageways are free of obstructions. LPA observed there are shaded
23	seating areas for residents' enjoyment. LPA observed a fire extinguisher with
24	
25	Continued on LIC809-C

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)

Page: 1 of 2

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: 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.

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.**

10 This report was reviewed with the Administrator and a copy of this report was provided to the facility.

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

