

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306003396
Report Date: 02/08/2022
Date Signed: 02/08/2022 11:03:39 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: JOYFUL HOME	FACILITY NUMBER: 306003396
ADMINISTRATOR: EMMANUEL DIZON	FACILITY TYPE: 740
ADDRESS: 25002 HENDON STREET	TELEPHONE: (949) 588-0830
CITY: LAGUNA HILLS	STATE: CA
CAPACITY: 6	ZIP CODE: 92653
TYPE OF VISIT: Required - 1 Year	CENSUS: DATE: 02/08/2022
MET WITH: Emmanuel Dizon	UNANNOUNCED TIME BEGAN: 10:00 AM
	TIME COMPLETED: 11:15 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Ruth Martinez conducted an unannounced visit for the purpose of
2	conducting a required inspection visit. LPA was greeted and granted entry by Emmanuel Dizon,
3	Administrator. LPA explained the nature of the visit to Administrator.
4	
5	LPA began the tour of the facility accompanied by caregiver. The facility currently has 5 residents in
6	care. LPA observed four residents in living room watching television upon entry and one resident in their
7	bedrooms being assisted by caregiver. All residents appeared happy and well taken care of. Facility
8	appears clean and sanitary. Facility staff screens all visitors to the facility and LPA observed the
9	screening station in the entrance of the facility. Facility keeps documentation in regard to covid for all the
10	staff and resident. LPA observed facility has covid precautionary posting throughout the facility as well
11	as all required department postings. Facility has an active covid-19 prevention plan in place for the
12	safety of residents in care. LPA observed ample of emergency food and water as well as first aid kits in
13	the facility. Facility has a supply of PPE, incontinence, and cleaning supplies. Facility has sanitation
14	precaution in place through out the facility and all common spaces. LPA toured the outside and
15	observed a shaded outside space for resident, area is used for outdoor visitation area as well. Facility
16	has a plan for covid testing residents and staff as needed as well as a plan for isolation as needed. The
17	facility has completed the LIC808 Mitigation Plan, the plan was approved by the Department on May 10,
18	2021.
19	
20	Based on the observations made during today's visit, no deficiencies were noted today per Title 22
21	Division 6 of the California Code of Regulations.
22	
23	This report was reviewed with Administrator and a copy of this report was provided and left at facility.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Ruth Martinez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/08/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/08/2022

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