

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306003460
Report Date: 09/05/2025
Date Signed: 09/05/2025 11:05:03 AM

Document Has Been Signed on 09/05/2025 11:05 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
FACILITY EVALUATION REPORT	

FACILITY NAME:	BASIA RESIDENTIAL CARE	FACILITY NUMBER:	306003460
ADMINISTRATOR/DIRECTOR:	BARBARA MANCZYK	FACILITY TYPE:	740
ADDRESS:	23931 GOWDY AVENUE	TELEPHONE:	(949) 768-0452
CITY:	LAKE FOREST	STATE:	CA
CAPACITY:	6	ZIP CODE:	92630
TYPE OF VISIT:	Required - 1 Year	CENSUS:	4
		DATE:	09/05/2025
		UNANNOUNCED TIME VISIT/INSPECTION	07:00 AM
		BEGAN:	
MET WITH:	Facility Administrator- Joanna Manczyk	TIME VISIT/INSPECTION	11:30 AM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Celine Rodriguez conducted an unannounced required visit to the facility for the purpose of conducting the required annual inspection. LPA Rodriguez explained reason for visit and was greeted and granted entry by Facility Administrator (AD) Joanna Manczyk. For this visit, there are a total of five staff members on duty, of which are background cleared and associated to the facility. The PUB475 "See Something, Say Something" poster was observed to be located in the hallway. LPA observed the Administrator's Certificate for Joanna Manczyk which expires on 4/22/2026 and Barbara Manczyk which expires on 11/7/2025. LPA toured the interior and exterior portions of the facility with AD Manczyk. The facility is a two-level structure and is licensed for 6 residents, of which 0 may be bedridden and 4 may be on hospice . For this visit, there are a total of 4 residents in care, of which 1 is on hospice and 0 are bedridden. On the first floor, there are a total of 4 resident rooms, of which 1 is a shared resident room, 3 private resident rooms, and 5 bathrooms. On the second floor, there are a total of 2 bedrooms designated for staff use only, and 1 bathroom, which is also only designated for staff. LPA toured the second level and observed no residents or resident belongings residing on the second floor. LPA toured each bedroom in the facility and observed that bedrooms were provided with furniture in good repair, clean linens, adequate storage space, and kept free of tripping hazards. Smoke and carbon monoxide detector and auditory exit alarms were tested and operational. Restrooms were observed to be in good repair, toilets were operational, and grab bars and non-skid floor mats were provided. Water temperature in restrooms were measured to be at 107.8 degrees Fahrenheit.
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER:	Sheila Santos
NAME OF LICENSING PROGRAM ANALYST:	Celine Rodriguez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/05/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/05/2025

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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 (Cont)	

FACILITY NAME: BASIA RESIDENTIAL CARE	FACILITY NUMBER: 306003460
	VISIT DATE: 09/05/2025

NARRATIVE	
1	Facility met the minimum two-day perishable and seven-day non-perishable food supplies. Sharp items and knives were locked and inaccessible to residents in care. Fire extinguisher was charged, mounted and located in the kitchen. Facility also had fire blankets. Fire extinguishers were dated and tagged for the date of 2025. LPA observed the emergency disaster and evacuation plan, which is posted in the hallway. Facility had back-up emergency food and water supply, located in the garage. LPA observed that First Aid Kit had all the required components. Medications and toxins were also observed to be locked and inaccessible to residents in care. For the exterior portion, LPA observed patio furniture under shading, and the grounds were free of any hazards. There are 2 gates in the backyard, of which both were self-closing and self-latching. No bodies of water were observed. For today's visit no deficiencies were issued per Title 22 Division 6 of the California Code of Regulations. No citations were issued. An exit interview was conducted with AD Manczyk. A copy of this report was explained and provided.
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos	
NAME OF LICENSING PROGRAM ANALYST: Celine Rodriguez	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/05/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/05/2025