

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 306003478  
Report Date: 06/23/2022  
Date Signed: 06/23/2022 01:16:06 PM

Document Has Been Signed on 06/23/2022 01:16 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: JOYFUL HOME II	FACILITY NUMBER: 306003478
ADMINISTRATOR: EMMANUEL DIZON	FACILITY TYPE: 740
ADDRESS: 24932 CAMBERWELL	TELEPHONE: (949) 215-7627
CITY: LAGUNA HILLS	STATE: CA
CAPACITY: 6	ZIP CODE: 92653
TYPE OF VISIT: Required - 1 Year	CENSUS: 5
MET WITH: Sherry Dizon	DATE: 06/23/2022
	UNANNOUNCED TIME BEGAN: 11:23 AM
	TIME COMPLETED: 01:25 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Jessica Cho conducted an unannounced required annual inspection
2	focusing primarily on the Infection Control. At 11:28 am, LPA was greeted and granted entry by
3	Caregiver Ramon Flores Somo after completing the Coronavirus 2019 (COVID-19) screening
4	procedure, and LPA stated the purpose of the visit. As of today, there are no active COVID-19 cases in
5	the facility. Facility screens and documents temperature for all visitors on a sign in sheet. LPA observed
6	the required COVID-19 precautionary signs posted on the door of the main entrance and throughout the
7	facility. The PUB475 See Something, Say Something poster was not observed in the facility. The
8	Administrator's Certificate for Emmanuel Dizon expires on 9/15/2023.
9	
10	At 11:38 am, LPA toured the interior and exterior portions of the facility with the Admin. The facility is a
11	single level structure and licensed for six non-ambulatory residents; and has a hospice waiver for five.
12	Currently, there a total of five residents in the facility of which two are in hospice care. Facility appeared
13	clean and sanitary in all areas observed. All bedrooms were provided with furniture in good repair, clean
14	linens, adequate storage space, and kept free of tripping hazards. Smoke, carbon monoxides, and
15	auditory exit alarms tested operational. The restrooms were observed to be in good repair; and provided
16	with grab bars and non-skid floor mats. Hot water measured at 112.2 degrees Fahrenheit in Restroom
17	#1; 110.4 degrees Fahrenheit in Restroom #2; and 115.5 degrees Fahrenheit in Restroom #3. LPA
18	observed hand washing signs, paper towels, and hand soaps in all three restrooms. Facility met the
19	minimum two day perishable and seven day non-perishable food stock requirements. Medications,
20	cleaning supplies, and sharp items were inaccessible to the residents in care. The fire extinguisher was
21	charged and mounted in the kitchen/dining room. For the exterior portion, LPA observed patio furniture
22	under a lattice, and the grounds were free of tripping hazards. The side gates were self-closing and self-
23	latching.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Jessica Cho

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/23/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/23/2022

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: JOYFUL HOME II

FACILITY NUMBER: 306003478

VISIT DATE: 06/23/2022

NARRATIVE

- 1 LPA reviewed the Emergency and Disaster Plan for Residential Care Facilities for the Elderly (LIC610E).
- 2 Facility has a plan for COVID-19 testing residents and staff as well as a plan for isolation as needed.
- 3 Facility had back-up water supply of (2) 10 gallons stored in the garage but did not have emergency
- 4 food during the visit The First Aid Kit had all the required components except a first aid manual, and the
- 5 facility had sufficient PPE and incontinence supplies also stored in the garage.
- 6
- 7 LPA discussed Assembly Bill 665 that requires a licensee of any adult or senior care residential facility
- 8 that has internet service to provide at least one internet access device, such as a computer, smart
- 9 phone, tablet or other device, that can support real-time interactive applications; is equipped with video
- 10 conferencing technology, including microphone and camera functions; and is dedicated for client or
- 11 resident use. Residents have access to a smart phone upon request.
- 12
- 13
- 14
- 15 LPA consulted the following: Facility shall post the PUB475 See Something, Say Something Complaint
- 16 Poster in the size of 20"x26," facility to purchase the current edition of the first aid manual, and to
- 17 maintain sufficient supply of emergency food.
- 18
- 19
- 20 LPA reviewed the approved COVID-19 mitigation plan of the facility. No deficiency cited in this review as
- 21 per Title 22 Division 6 of the California Code of Regulations. Advisory Notes (LIC9102) were issued
- 22 during the visit, and the licensee will follow-up with the corrections. An exit interview was conducted with
- 23 Administrator Sherry Dizon, and a copy of this report was provided.
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos

NAME OF LICENSING PROGRAM ANALYST: Jessica Cho

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/23/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/23/2022