

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 306003492  
Report Date: 07/23/2024  
Date Signed: 07/23/2024 05:39:11 PM

Document Has Been Signed on 07/23/2024 05:39 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
<b>FACILITY EVALUATION REPORT</b>		COMMUNITY CARE LICENSING DIVISION	
		ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100	
		ORANGE, CA 92868	
FACILITY NAME: CASTILLA LANE VILLA		FACILITY NUMBER:	306003492
ADMINISTRATOR/DIZON, EMMANUEL		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(949) 716-8779
ADDRESS: 24272 CASTILLA LANE	STATE: CA	ZIP CODE:	92691
CITY: MISSION VIEJO	CENSUS: 5	DATE:	07/23/2024
CAPACITY: 6	UNANNOUNCED TIME VISIT/	INSPECTION	01:58 PM
TYPE OF VISIT: Required - 1 Year	BEGAN:	TIME VISIT/	INSPECTION
MET WITH: Emmanuel Dizon- Licensee/Administrator	Sherry Dizon- Administrator	COMPLETED:	05:55 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Jessica Cho arrived at the facility unannounced for the purpose of
2	conducting the Required 1-Year annual inspection using the CARE Tool. LPA met with
3	Licensee/Administrator Emmanuel Dizon and Administrator Sherry Dizon and explained the reason for
4	the visit.
5	
6	The facility is a single story structure located in a residential neighborhood. Facility is licensed to operate
7	for six (6) non-ambulatory and maintains a hospice waiver for six (6). There are five residents in care
8	with one in hospice and two live-in caregivers on duty during today's visit.
9	
10	LPA observed the facility to be clean and sanitary. There are six resident bedrooms and bathrooms.
11	There is an additional private bedroom for the staff occupied by two individuals. All common areas were
12	inspected including the attached two car garage which doubled as a laundry room. The residents'
13	bedrooms were appropriately furnished. Beds and bedding supplies were in good condition, adequate
14	lighting was provided, sufficient storage space for each residents' personal belongings were observed.
15	Bathrooms were found to be in compliance, clean, and operational. The water temperature measured at
16	107.7, 116.6, 110.8, 106.3, and 106.5 degrees Fahrenheit. LPA observed the indoor temperature was
17	within a comfortable range. Toxins, disinfectants, sharps, and medications were secured and
18	inaccessible. LPA observed sufficient two-day supply of perishables and seven-day supply of non-
19	perishable food available. LPA toured the exterior portion of the facility. LPA observed the outdoor
20	passageway free of obstructions. The exit gates were self-closing and self-latching. LPA observed
21	sufficient seating and shading. Facility maintains two fire extinguishers. Both were mounted, charged,
22	and serviced on April 23, 2024. The auditory devices and smoke/carbon monoxide detectors were
23	tested and operational. LPA observed the emergency disaster supplies including food/water in the
24	garage. Emergency evacuation drills are being conducted quarterly, however facility is not maintaining a
25	log. The first aid kit contains all necessary elements.

**NAME OF LICENSING PROGRAM MANAGER:** Lourdes Montoya  
**NAME OF LICENSING PROGRAM ANALYST:** Jessica Cho  
**LICENSING PROGRAM ANALYST SIGNATURE:**  
 **DATE:** 07/23/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**  
 **DATE:** 07/23/2024

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

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  COMMUNITY CARE LICENSING DIVISION  ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100  ORANGE, CA 92868</p>
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**FACILITY NAME:** CASTILLA LANE VILLA

**FACILITY NUMBER:** 306003492

**VISIT DATE:** 07/23/2024

NARRATIVE	
<p>1 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</p>	<p>LPA observed the required 'See Something, Say Something' (PUB475) poster in the correct size posted in the entry way. The Administrator's Certificate for Emmanuel Dizon expires on September 16, 2025 and May 4, 2025 for Administrator Eric Goldstein.</p> <p>LPA conducted an audit of five residents' files and two personnel files. No discrepancies were noted. Resident interviews were conducted. Staff interviews were not conducted due to staff assisting residents at the time of the interview. Medications were audited for five residents. No discrepancies noted.</p> <p>Based on the observations made during today's visit, no deficiency is being cited. An Advisory Note is being issued. An exit interview was conducted with Licensee/Administrator Emmanuel Dizon and Administrator Sherry Dizon, and a copy of this report was provided at the end of the visit.</p>

**NAME OF LICENSING PROGRAM MANAGER:** Lourdes Montoya  
**NAME OF LICENSING PROGRAM ANALYST:** Jessica Cho  
**LICENSING PROGRAM ANALYST SIGNATURE:**  
 **DATE:** 07/23/2024

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