

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306003780
Report Date: 11/21/2025
Date Signed: 11/21/2025 04:54:52 PM

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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:	FOUNTAIN VALLEY SENIOR CARE	FACILITY NUMBER:	306003780
ADMINISTRATOR/NICOLETA ALINA MOGOJAN		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	9479 ELLIS AVENUE	TELEPHONE:	(714) 964-2529
CITY:	FOUNTAIN VALLEY	STATE: CA	ZIP CODE: 92708
CAPACITY: 6		CENSUS: 6	DATE: 11/21/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION
			02:15 PM
MET WITH:	Diana Ignatencu, Administrator/Designated of Facility Responsibility	BEGAN:	
		TIME VISIT/INSPECTION	05:00 PM
		COMPLETED:	

NARRATIVE	
1	On November 21 2025, Licensing Program Analyst (LPA) Eboni Bentley conducted an unannounced required 1-Year annual visit using the CARE Inspection Tool. Upon arrival at the facility, LPA Bentley introduced self and was granted entry into the facility by staff, after stating the purpose of the visit. Administrator (AD) Diana Ignatencu arrived at the facility and remained to assist during the visit.
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6	The facility is licensed to operate for six (6) non-ambulatory residents with a hospice waiver for three (3) residents. The facility is a two-story house with ten (10) bedrooms (8 bedrooms on the first floor, 6 are for residents, all are private), ten (10) bathrooms (8 bathrooms on the first floor, 7 are for residents), living room, dining room, kitchen, an attached three (3) car garage, and an outdoor covered seating area.
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11	During the visit, LPA toured inside and outside of the physical plant with staff and AD Ignatencu. There were no bodies of water or obstructions on the premises. All rooms were inspected. Beds and bedding supplies were in good condition, adequate lighting was provided, storage for each resident's personal belongings was observed. Additional lines were adequately stocked at the time of visit. Bathrooms were found to be clean and operational. The water temperatures in bathrooms used by residents in care, measured between 105.6 degrees F and 111.7 degrees F. A comfortable temperature of 74 degrees F was maintained in the facility.
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16	LPA observed the facility to be sanitary and appropriately furnished at the time of visit. Storage areas for cleaning supplies, toxins, and sharps objects were stored and not accessible to residents. The kitchen was inspected and there is a two-day supply of perishable and seven-day supply of non-perishable food available and maintained properly.
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21	CONTINUE TO LIC809-C.....
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NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya
NAME OF LICENSING PROGRAM ANALYST: Eboni Bentley

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/21/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/21/2025

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: FOUNTAIN VALLEY SENIOR CARE **FACILITY NUMBER:** 306003780
VISIT DATE: 11/21/2025

NARRATIVE	
1	LPA toured the backyard with AD and observed an empty hot tub in the backyard. AD stated hot tub will
2	be disposed of along with some additional items in the backyard. LPA observed a shaded seating area
3	with a table and chairs for residents to sit outside, in a separate area of the backyard.
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5	The smoke detectors and carbon monoxide detectors were observed operable. Emergency safety drills
6	were last conducted on August 15, 2025 and are conducted quarterly. First aid kit is maintained and
7	contains all the necessary elements. A working telephone (714)964-2529 remains available, and the
8	facility has a device that can be used for video teleconference purposes. Emergency food, emergency
9	water, and emergency supplies were stored in the garage. The facility has two (2) fire extinguishers that
10	were charged, mounted, and serviced on August 14, 2025. Liability Insurance is effective May 29, 2025
11	and expires on May 29, 2026.
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13	LPA conducted an audit of six (6) resident files (R1-R4), five (5) staff files (S1-S5), and medication and
14	medication administration review. Resident and staff interviews were conducted.
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16	No Deficiencies were cited during today's of the visit.
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18	An exit interview was conducted, and a copy of this report was provided to Administrator Diana
19	Ignatencu at exit.
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NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya	
NAME OF LICENSING PROGRAM ANALYST: Eboni Bentley	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 11/21/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 11/21/2025