

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306003820
Report Date: 12/06/2021
Date Signed: 12/06/2021 01:47:05 PM

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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: ADRIANA ELDERLY CARE HOME I	FACILITY NUMBER: 306003820
ADMINISTRATOR: MENDOZA, RICHARD	FACILITY TYPE: 740
ADDRESS: 25342 ADRIANA STREET	TELEPHONE: (949) 859-9894
CITY: MISSION VIEJO	STATE: CA
CAPACITY: 6	ZIP CODE: 92691
TYPE OF VISIT: Required - 1 Year	CENSUS: 4
MET WITH: Administrator Richard Mendoza Sr	DATE: 12/06/2021
	UNANNOUNCED TIME BEGAN: 01:04 PM
	TIME COMPLETED: 01:48 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Albert Marin conducted an unannounced required annual inspection in
2	this facility. LPA met with Administrator (AD) Richard Mendoza Sr. and stated the purpose of this visit.
3	
4	The facility is a single level structure and licensed for six non-ambulatory of which all may be bedridden
5	and with hospice waiver for six. For this visit, there were two residents under hospice care.
6	
7	About 1:05 PM, LPA Marin was granted entry after completing the Coronavirus 2019 (COVID 19)
8	screening procedure. Facility had four residents in care and two staff members on the floor. LPA toured
9	the interior and exterior portions of the facility. There were six private rooms. Rooms were provided with
10	furniture in good repair, clean linens, adequate storage space, and kept free of tripping hazards.
11	Hardwired smoke, carbon monoxide and auditory exit alarms were tested to be operational. Bathrooms
12	were observed to be in good repair, provided with grab bars and nonskid floor mats. Hot water was
13	measured at 120 degrees Fahrenheit. Facility met the minimum two day perishable and seven day non-
14	perishable food stock requirements. Medications, cleaning supplies and sharp items were inaccessible
15	to residents in care. Fire extinguisher was mounted and charged. For the exterior portion, facility had
16	patio furniture in good repair, and grounds were free of tripping hazards. Side exit doors were self-
17	closing and self-latching. LPA Marin reviewed the COVID 19 mitigation plan of the facility.
18	
19	For this visit, the facility was observed to be in substantial compliance with Title 22 Division 6 of the
20	California Code of Regulations.
21	
22	LPA Marin conducted an exit interview with Administrator Mendoza; and copy of this report was left in
23	the facility.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Luz Adams
NAME OF LICENSING PROGRAM ANALYST: Albert Marin

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/06/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/06/2021

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