

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306003822
Report Date: 12/26/2025
Date Signed: 12/26/2025 10:47:39 AM

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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:	ADRIANA ELDERLY CARE HOME III	FACILITY NUMBER:	306003822
ADMINISTRATOR/MENDOZA, RICHARD		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	25492 CLASSIC DRIVE	TELEPHONE:	(949) 916-3828
CITY:	MISSION VIEJO	STATE: CA	ZIP CODE: 92691
CAPACITY: 6		CENSUS: 4	DATE: 12/26/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	08:00 AM
		BEGAN:	
MET WITH:	Richard Mendoza- Administrator	TIME VISIT/INSPECTION	11:05 AM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Jessica Cho arrived at the facility unannounced for the purpose of conducting the Required 1-Year annual evaluation using the CARE Inspection Tool. LPA was greeted and granted entry by Caregiver Mauricio Herrera after stating the reason for the visit. Administrators (Admins) Richard Mendoza and Kevin Mendoza arrived on premise to assist with the inspection. Admin Richard has a valid administrator's certificate expiring on September 7, 2026 and April 6, 2027 for Adriana Mendoza.
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8	The following was observed during the inspection: This is a single story property located in a residential neighborhood comprised of five resident bedrooms and two resident bathrooms. Facility operates within the conditions and limitations specified on the license. LPA observed two caregivers on duty caring for four residents of which none are receiving hospice services. LPA verified fingerprint clearance and association statuses in which no concerns were noted. LPA along with Admin Kevin toured the interior portion of the facility. All common areas were inspected which includes the detached two car garage. The fireplace is screened. LPA inspected all the resident bedrooms. The resident bedrooms' were appropriately furnished, beds and bedding supplies were in good condition, adequate lighting was provided, and sufficient storage space for each residents' personal belongings were observed. All bathrooms were found be in compliance, clean, and operational. Slip resistant mats were available. The hot water temperature in the bathrooms measured at 116.6 and 115.5 degrees Fahrenheit. Toxins, disinfectants, sharps, and medications were secured and inaccessible. LPA observed ample two-day supply of perishables and seven-day supply of non-perishable food. LPA toured the exterior portion of the facility. The outdoor passageway is free of obstruction. The exit gate on one side of the property is operational, and there were sufficient seating and shading in the patio area.
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NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya
NAME OF LICENSING PROGRAM ANALYST: Jessica Cho

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/26/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/26/2025

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: ADRIANA ELDERLY CARE HOME III **FACILITY NUMBER:** 306003822
VISIT DATE: 12/26/2025

NARRATIVE	
1	The fire extinguisher was mounted, charged, and serviced on March 12, 2025. The auditory devices and smoke/carbon monoxide detectors were tested and operational. Facility maintains emergency food and water in the kitchen pantry. Facility completed quarterly emergency drills for this year with the last date on September 7, 2025. LPA reviewed four out of four resident files and two personnel files in which no discrepancies were found. Medications were audited for two out of four residents and no discrepancies were found. Based on the observations made during today's visit, no deficiency is being cited. An exit interview was conducted with Administrator Richard Mendoza, and a copy of this report was provided via at exit.
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NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya NAME OF LICENSING PROGRAM ANALYST: Jessica Cho LICENSING PROGRAM ANALYST SIGNATURE: DATE: 12/26/2025	
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE: DATE: 12/26/2025	