

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 306004433  
**Report Date:** 03/21/2024  
**Date Signed:** 03/21/2024 03:24:59 PM

**Document Has Been Signed on 03/21/2024 03:24 PM - It Cannot Be Edited**

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	JOYFUL HOME IV	FACILITY NUMBER:	306004433
ADMINISTRATOR:	ERIC GOLDSTEIN	FACILITY TYPE:	740
ADDRESS:	25232 COSTEAU STREET	TELEPHONE:	(949) 279-1700
CITY:	LAGUNA HILLS	STATE:	CA
CAPACITY:	6	ZIP CODE:	92653
TYPE OF VISIT:	Required - 1 Year	CENSUS:	5
MET WITH:	Emmanuel Dizon	DATE:	03/21/2024
		UNANNOUNCED TIME BEGAN:	01:45 PM
		TIME COMPLETED:	03:50 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Ruth Martinez is conducting this unannounced visit for the purpose of
2	completing an annual required inspection. LPA arrived at the facility and was greeted and granted entry
3	by Emmanuel Dizon, Administrator and LPA explained the nature of the visit. There are five residents at
4	the facility and there are no residents receiving hospice services currently.
5	
6	LPA accompanied by the Administrator began the tour of the inside and outside of the facility. LPA
7	observed required department postings throughout the facility. Facility stays within the capacity
8	limitations. There is a minimum of one week of non-perishables foods and two days of perishables foods
9	available. There is additional food storage in spare refrigerators located in the garage storage. The
10	facility is maintained at a comfortable temperature. LPA inspected that medication is centrally stored in a
11	safe locked storage cabinet located in the living room. LPA reviewed medication and observed
12	medication was labeled and stored inaccessible to residents in care. LPA inspected the bathroom. LPA
13	measured the hot water temperature which measured 110.1 Fahrenheit degrees. All bathrooms
14	observed to have a supply of soap, toilet paper and towels. Bathrooms are equipped with required
15	safety measures such as non-skid mats and grab bars. Lighting is sufficient to ensure safety and
16	comfort. The facility is equipped with sufficient hand hygiene, cleaning, and disinfecting supplies. LPA
17	observed that toxic chemicals, cleaning solutions and disinfectants are stored locked underneath kitchen
18	sink and locked storage cabinet in the garage. The facility has an available clean supply of linens. LPA
19	inspected residents' bedrooms which has sufficient lighting to ensure the safety and comfort. All
20	bedrooms observed to have all required components. Storage space is provided for residents in their
21	bedroom. Smoke detectors were tested and found to be operational. LPA toured the outside of the
22	facility and observed outdoor passageways are free of obstructions. LPA observed there are shaded
23	seating areas for residents' enjoyment. LPA observed a swimming pool in the backyard of the house
24	with a fence around it. LPA observed the pool gate has a self-latching entry door which opens away from
25	the
	Continued on LIC809-C

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Armando J Lucero
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Ruth Martinez

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/21/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/21/2024

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

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COMMUNITY CARE LICENSING DIVISION  
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ORANGE, CA 92868

**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** JOYFUL HOME IV

**FACILITY NUMBER:** 306004433

**VISIT DATE:** 03/21/2024

**NARRATIVE**

1 pool. The fence has a key operated magnalatch top pull safety gate latch for inaccessibility. LPA  
 2 measured the pool fence which measured 5ft 4in from base of the floor to the top of the fence and it was  
 3 observed to enclose the entire pool area. LPA observed a fire extinguisher with service date April 27,  
 4 2023, in the kitchen. Fire drills are conducted every three months. LPA began review of records. LPA  
 5 reviewed five resident records. All the required documentation was present and current in the residents'  
 6 files reviewed. LPA reviewed two employee records. All employees present have a criminal record  
 7 clearance and are associated to the facility. LPA observed records reviewed have a current First Aid  
 8 certificate.  
 9  
 10 Based on the observations made during today's visit, no deficiencies were noted today in the areas  
 11 inspected per **Title 22 Division 6 of the California Code of Regulations.**  
 12  
 13 This report was reviewed with the Administrator and a copy of this report was provided to the facility.  
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**NAME OF LICENSING PROGRAM MANAGER:** Armando J Lucero

**NAME OF LICENSING PROGRAM ANALYST:** Ruth Martinez

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 03/21/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/21/2024