

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 306004433

Report Date: 02/24/2022

Date Signed: 02/24/2022 03:58:00 PM

Document Has Been Signed on 02/24/2022 03:58 PM - It Cannot Be Edited

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
<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: 0
MET WITH: Emmanuel Dizon	DATE: 02/24/2022
	UNANNOUNCED TIME BEGAN: 11:20 AM
	TIME COMPLETED: 12:50 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Jerome Haley conducted an unannounced visit for the purpose of
2	conducting a required one year infection control annual visit. Upon arrival at the facility there was no one
3	present so LPA called the contact number on the facility profile. The Staff who answered the phone told
4	me someone will arrive to let me in the facility. Staff arrived at the facility at 11:40am and LPA was
5	granted entry and explained the reason for the visit. Administrator (AD) Emmanuel Dizon arrived at the
6	facility a few minutes later to be present for the inspection. Currently the facility is vacant and there are
7	zero clients in care. The facility will remain operational and will welcome residents in the future. LPA
8	observed all required postings on the wall throughout the facility AD Dizon states he will have the See
9	Something (Pub 475) poster enlarged. AD Dizon has a current administrators certificate that expires on
10	09/25/2023. LPA observed a screening station and screening log book near the entrance of the facility.
11	At 11:45am LPA toured the facility with AD Dizon. There were zero residents in care at the facility. LPA
12	began the tour checking client rooms and bathrooms. Client rooms have the necessary requirements,
13	night stand, chair, lamp and storage space. Bathrooms were clean, operational, and equipped with
14	soap, sanitizer, and paper towels. The kitchen was clean and organized. All knives and sharp objects
15	were locked in a drawer. The facility has a two day supply of perishable food items and seven days
16	supply of nonperishable food items. The stove was clean and all burners were operational. The
17	medication locker is next to the dining room table and is empty at the moment. There is a first aid kit
18	equipped with all required items in the medication locker. LPA observed extra linen in the hallway
19	closets. LPA toured the backyard and it was clean and free of clutter. LPA observed an exit gate on the
20	side of the house that was self closing and self latching. LPA observed a shaded visitation area in the
21	backyard equipped with tables and chairs for the residents in care. There's a pool in the back yard that
22	was surrounded and secured by a fence. All smoke detectors were tested and are operational.
23	No deficiencies are being cited during today's visit. An exit interview conducted and a copy of the report
24	was provided to Administrator Emmanuel Dizon.
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Luz Adams
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Jerome Haley

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 02/24/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 02/24/2022

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