

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306004433

Report Date: 01/07/2026

Date Signed: 01/07/2026 02:54:37 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
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FACILITY NAME: JOYFUL HOME IV	FACILITY NUMBER: 306004433
ADMINISTRATOR/ERIC GOLDSTEIN	FACILITY TYPE: 740
DIRECTOR:	
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: 4
	DATE: 01/07/2026
	UNANNOUNCED TIME VISIT/INSPECTION 12:30 PM
	BEGAN: TIME VISIT/INSPECTION 03:30 PM
MET WITH: Sherry Dizon	COMPLETED:

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 the Administrator and LPA explained the nature of the visit. There are four residents at the facility and
4	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. The facility is
10	maintained at a comfortable temperature. LPA inspected that medication is centrally stored in a safe
11	locked storage cabinet located in the living room. LPA reviewed medication and observed medication
12	was labeled and stored inaccessible to residents in care. LPA inspected the bathroom. LPA measured
13	the hot water temperature which measured 112.9 Fahrenheit degrees. All bathrooms observed to have a
14	supply of soap, toilet paper and towels. Bathrooms are equipped with required safety measures such as
15	non-skid mats and grab bars. Lighting is sufficient to ensure safety and comfort. The facility is equipped
16	with sufficient hand hygiene, cleaning, and disinfecting supplies. LPA observed that toxic chemicals,
17	cleaning solutions and disinfectants are stored locked underneath kitchen sink and locked storage
18	cabinet in the garage. The facility has an available clean supply of linens. LPA inspected residents'
19	bedrooms which has sufficient lighting to ensure the safety and comfort. All bedrooms observed to have
20	all required components. Storage space is provided for residents in their bedroom. Smoke detectors
21	were tested and found to be operational. LPA toured the outside of the
22	
23	Continued on LIC809-C
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero
NAME OF LICENSING PROGRAM ANALYST: Ruth Martinez

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 01/07/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/07/2026**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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
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FACILITY NAME: JOYFUL HOME IV

FACILITY NUMBER: 306004433

VISIT DATE: 01/07/2026

NARRATIVE	
1	facility and observed outdoor passageways are free of obstructions. LPA observed there are shaded
2	seating areas for residents' enjoyment. LPA observed a swimming pool in the backyard of the house
3	with a fence around it. LPA observed the pool gate has a self-latching entry door which opens away from
4	the pool. The fence has a key operated magnalatch top pull safety gate latch for inaccessibility. LPA
5	measured the pool fence which measured 5ft 4in from base of the floor to the top of the fence and it was
6	observed to enclose the entire pool area. LPA observed a fire extinguisher mounted in the kitchen wall
7	with service date April 15, 2025, in the kitchen. Fire drills are conducted every three months, LPA
8	verified facility has fire drill logs. Last drill logged and conducted was on November 18, 2025. LPA began
9	review of records. LPA reviewed two resident records. All the required documentation was present and
10	current in the residents' files reviewed. LPA reviewed two employee records. All employees present have
11	a criminal record clearance and are associated to the facility. LPA observed records reviewed have a
12	current First Aid certificate. LPA as a reminder provided annual fees due to the Administrator.
13	
14	Based on the observations made during today's visit, no deficiencies were noted today in the areas
15	inspected per Title 22 Division 6 of the California Code of Regulations.
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17	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: 01/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 01/07/2026