

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306004575

Report Date: 02/24/2022

Date Signed: 02/24/2022 02:50:13 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: HILLSIDE VIEW	FACILITY NUMBER: 306004575
ADMINISTRATOR: EMMANUEL DIZON	FACILITY TYPE: 740
ADDRESS: 22122 PADOVA 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: 02/24/2022
	UNANNOUNCED TIME BEGAN: 01:30 PM
	TIME COMPLETED: 03:05 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. LPA was greeted, granted entry by staff
3	Daisyree and explained the reason for the visit today. LPA was screened and temperature checked
4	before entering the facility. LPA observed a screening station equipped with a log book, temperature
5	thermometer and hand sanitizer. Facility staff called Administrator (AD) Emmanuel Dizon so he could be
6	present for the visit. Administrator (AD) Dizon arrived at the facility at 2:07pm and the annual inspection
7	began. LPA observed all required postings on the wall throughout the facility. AD Dizon states he will
8	have the See Something (Pub 475) poster enlarged. AD Dizon has a current administrators certificate
9	that expires on 09/15/2023. There are five residents in care at the facility. Residents were relaxing and
10	resting in their room and all appeared to be well taken care of. LPA began the tour checking client rooms
11	and bathrooms. Client rooms have the necessary requirements, night stand, chair, lamp and storage
12	space. Bathrooms were clean, operational, and equipped with soap, sanitizer, and paper towels. Water
13	temperature was measured at 117.1 degrees Fahrenheit in bathroom #1 and 114.9 degrees Fahrenheit
14	in bathroom #2. The kitchen was clean and organized. All knives and sharp objects were locked in a
15	drawer. Cleaning supplies and toxins are locked under the sink, The facility has a two day supply of
16	perishable food items and seven days supply of nonperishable food items. The stove was clean and all
17	burners were operational. There is a first aid kit equipped with all required items in the medication
18	cabinet in the hallway. LPA observed extra linen in the hallway closets. LPA toured the backyard and it
19	was clean and free of clutter. LPA observed an exit gate on the side of the house that was self closing
20	and self latching. LPA observed a shaded visitation area in the backyard equipped with tables and chairs
21	for the residents in care. Smoke detectors were tested and are operational.
22	No deficiencies are being cited during todays visit. An exit interview conducted and a copy of the report
23	was provided to Administrator Emmanuel Dizon.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Luz Adams
NAME OF LICENSING PROGRAM ANALYST: 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.