

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306004575

Report Date: 01/07/2026

Date Signed: 01/07/2026 11:14:45 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:	HILLSIDE VIEW	FACILITY NUMBER:	306004575
ADMINISTRATOR/EMMANUEL DIZON DIRECTOR:		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:	4
		DATE:	01/07/2026
		UNANNOUNCED TIME VISIT/INSPECTION	07:44 AM
MET WITH:	Sherry Dizon	BEGAN: TIME VISIT/INSPECTION	11:45 AM
		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 direct care staff and LPA explained the nature of the visit. Sherry Dizon, Administrator arrived shortly
4 after and met with LPA. There are four residents at the facility and there is one resident receiving
5 hospice services currently.
6
7 LPA began the tour of the inside and outside of the facility. LPA observed required department postings
8 throughout the facility. Facility stays within the capacity limitations. There is a minimum of one week of
9 non-perishables foods and two days of perishables foods available. There is additional food storage in
10 storage in a spare refrigerator located in garage. The facility is maintained at a comfortable temperature.
11 LPA inspected that medication is centrally stored in a safe locked storage cabinets located in dining
12 room/living room. LPA reviewed medication and observed medication was labeled and stored
13 inaccessible to residents in care. LPA observed a first aid manual located in the entrance of the facility
14 and the first aid kit was observed to be locate in the office space by the bedroom hallway. LPA inspected
15 the bathroom and LPA measured the hot water temperature which measured 109.4 Fahrenheit degrees.
16 All bathrooms observed to have a supply of soap, toilet paper and towels. Bathrooms are equipped with
17 required safety measures such as non-skid mats and grab bars. Lighting is sufficient to ensure safety
18 and comfort. The facility is equipped with sufficient hand hygiene, cleaning, and disinfecting supplies.
19 LPA observed that toxic chemicals, cleaning solutions and disinfectants are stored locked underneath
20 kitchen sink and locked storage cabinet in the garage. The facility has an available clean supply of
21 linens. LPA inspected residents' bedrooms which has sufficient
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.

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

FACILITY NUMBER: 306004575

VISIT DATE: 01/07/2026

NARRATIVE	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>lighting to ensure the safety and comfort. All bedrooms observed to have all required components. Storage space is provided for residents in their bedroom. Smoke detectors were tested and found to be operational. LPA toured the outside of the facility and observed outdoor passageways are free of obstructions. LPA observed there are shaded seating areas for residents' enjoyment. LPA observed a fire extinguisher with service date of August 15, 2025, in kitchen. Fire drills are conducted every three months and LPA verified the fire drill logs with last drill conducted on November 20, 2025. LPA began review of records. LPA reviewed four resident records. All the required documentation was present and current in the residents' files reviewed. LPA reviewed two employee records. All employees present have a criminal record clearance and are associated to the facility. LPA observed records reviewed have a current First Aid certificate. LPA as a reminder provided annual fee dues information.</p> <p>Based on the observations made during today's visit, no deficiencies were noted today in the areas inspected per Title 22 Division 6 of the California Code of Regulations.</p> <p>This report was reviewed with the Administrator and a copy of this report was provided to the facility.</p>

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