

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306004712

Report Date: 02/18/2026

Date Signed: 02/18/2026 11:44:15 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
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FACILITY NAME: ADELYA SENIOR HOME		FACILITY NUMBER:	306004712
ADMINISTRATOR/LAWRENCE LINDSEY DIRECTOR:		FACILITY TYPE:	740
ADDRESS: 16912 SAGA DRIVE		TELEPHONE:	(657) 444-9567
CITY: YORBA LINDA	STATE: CA	ZIP CODE:	92886
CAPACITY: 6	CENSUS: 4	DATE:	02/18/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION	08:20 AM
MET WITH: Caregiver- Imelda Martinez		BEGAN: TIME VISIT/INSPECTION	12:00 PM
		COMPLETED:	

NARRATIVE

1	On February 18, 2026, at 8:20 AM, Licensing Program Analyst (LPA) Edward Kim conducted an
2	unannounced required 1-Year annual visit using the CARE Inspection Tool. Upon arrival at the facility,
3	LPA Kim was greeted and granted entry by Caregiver (CG) Imelda Martinez. LPA Kim spoke with
4	Licensee (LI) Lawrence Lindsey over the phone and explained the purpose of the visit. LI Lindsey said
5	they could not attend today's visit and CG Martinez can sign on their behalf for the report.
6	
7	The facility is licensed to operate for six (6) nonambulatory residents and has a hospice waiver for four
8	(4) residents. The facility is a single-story structure located in a residential neighborhood. It consists of
9	the following: one (1) staff bedroom, four (4) resident bedrooms, two (2) bathrooms, living area, dining
10	area, kitchen, outdoor covered patio, and an attached two car garage.
11	
12	LPA Kim toured inside and outside of the physical plant with CG Martinez. There were no bodies of
13	water or obstructions in the facility. All rooms were inspected. Beds and bedding supplies were in good
14	condition, adequate lighting was provided, storage for each resident's personal belongings was
15	observed. Bed linens, comforters, and bath towels were adequately stocked at the time of visit. The
16	Resident's rooms were inspected: Resident Room 1, Resident Room 2, Resident Room 3, and Resident
17	Room 4. Bathrooms were found to be within Title 22 regulations and were clean and operational. The
18	water temperature measured at 105.0 degrees F. A comfortable temperature of 74 degrees F was
19	maintained in the facility.
20	LPA Kim observed the facility to be appropriately furnished at the time of visit. Storage areas for
21	personal hygiene, cleaning supplies, toxins, and sharps objects were stored and not accessible to
22	residents. The kitchen was inspected and there is a two-day supply of perishable and seven-day supply
23	of non-perishable food both were available and maintained properly.
24	Evaluation Report Continues on LIC 809-C
25	

NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya

NAME OF LICENSING PROGRAM ANALYST: Edward Kim

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 02/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 02/18/2026

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: ADELYA SENIOR HOME

FACILITY NUMBER: 306004712

VISIT DATE: 02/18/2026

NARRATIVE	
1	During the visit, LPA Kim observed the facility's infection control practices, plan of operation, and
2	screening protocols for visitors, staff, and residents. LPA observed the facility has a 30-day supply of
3	Personal Protective Equipment (PPE). All mandated inspection control posters were posted. The smoke
4	detectors and carbon monoxide detectors were operable. A working telephone (657-444-9507) remains
5	available. Emergency food, emergency water, and emergency supplies are stored in the garage. The
6	facility has one (1) fire extinguisher that is charged and mounted next to the kitchen.
7	
8	LPA Kim conducted an audit of resident files (R1-R4), staff files (S1-S3), and medication and medication
9	administration record. LPA observed R1 diagnosed with dementia with a Physician's report signed and
10	dated on February 14, 2025, R3 diagnosed with dementia signed and dated on August 29, 2022. LPA
11	observed S1 and S2 had their CPR and First aid training expired on March 22, 2025. LPA Kim
12	conducted interviews with two (2) staff and one (1) resident.
13	
14	A deficiency was cited during this visit as per Title 22 Division 6 Chapter 8 of the California Code of
15	Regulations. LPA observed S1 and S2 did not have a valid CPR and First aid training at the time of visit.
16	S1's and S2's CPR and First Aid training expired on March 22, 2025. Technical violation was issued at
17	the time of the visit for R1 and R3 being diagnosed with dementia and not having a current physician's
18	report. R1's physician report was dated on February 14, 2025, and R3's was dated on August 29, 2022.
19	
20	An exit interview was conducted, and a copy of this report, LIC809D, LIC9102, LIC811 and appeal rights
21	were provided to Caregiver Imelda Martinez.
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NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya
NAME OF LICENSING PROGRAM ANALYST: Edward Kim
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 02/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 02/18/2026

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Created By: Edward Kim On 02/18/2026 at 11:09 AM
Link to Parent Document Below:

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: ADELYA SENIOR HOME

FACILITY NUMBER: 306004712

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/18/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.618(c)(3)	
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Other Provisions

(c)The facility shall employ, and the administrator shall schedule, a sufficient number of staff members to do all of the following: (3) Ensure that at least one staff member who has cardiopulmonary resuscitation (CPR) training and first aid training is on duty and on the premises at all times. This paragraph shall not be construed to require staff to provide CPR.

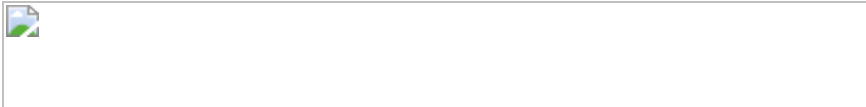
This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on observation, interviews, and record review, the licensee did not comply with the section cited above. LPA observed S1's and S2's CPR/First Aid training expired on March 22, 2025. This poses a potential health, safety or personal rights risk to persons in care.
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3	
4	
POC Due Date: 03/04/2026	
Plan of Correction	
1	Licensee stated they will provide a completed CPR and First Aid training for S1 to CCLD via email to edward.kim@dss.ca.gov by POC due date March 4, 2026.
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3	
4	

		Section Cited			
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Deficient Practice Statement	
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4	
POC Due Date:	
Plan of Correction	
1	
2	
3	
4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Lourdes Montoya
NAME OF LICENSING PROGRAM ANALYST:	Edward Kim
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/18/2026

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

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	DATE: 02/18/2026