

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306004731
Report Date: 04/21/2022
Date Signed: 04/21/2022 12:22:53 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: HAMPTON COURT	FACILITY NUMBER: 306004731
ADMINISTRATOR: EMMANUEL DIZON	FACILITY TYPE: 740
ADDRESS: 24932 SOUTHPORT 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: Sherry Dizon	DATE: 04/21/2022
	UNANNOUNCED TIME BEGAN: 11:05 AM
	TIME COMPLETED: 12:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Ruth Martinez conducted an unannounced visit for the purpose of
2	conducting a required annual inspection. LPA was greeted and granted entry into the facility by
3	Administrator. LPA met with Sherry Dizon, Administrator and explained the nature of the visit.
4	
5	LPA Martinez accompanied by Administrator began the tour of the inside and outside of the facility.
6	There are five residents in care and there are no active covid-19 cases in facility. LPA observed all
7	residents to be in their bedrooms. All residents appeared to be clean and well taken care of. LPA
8	observed required department postings, covid-19 precautionary postings in the facility as well as hand
9	washing signs throughout the facility. All restrooms observed to have ample supply of soap and
10	appeared to be clean. LPA inspected residents' bedrooms and appeared to be clean and sanitary. All
11	bedrooms observed to have all required components. LPA observed a check in station in the main entry
12	of the facility. Facility is taking temperature daily and documenting the results. LPA observed the
13	emergency disaster and evacuation plan. Facility has the back-up emergency food and water supply.
14	Facility has a supply of PPE for residents, staff and visitors. LPA toured the outside of the facility and
15	observed a shaded seating area for resident's enjoyment. The facility has completed the LIC808
16	Mitigation Plan, LPA reviewed and approved the plan on today's visit. LPA emailed the signed and
17	approved plan to the Administrator for their records.
18	
19	Based on the observation made during today's visit, no deficiencies were noted today per Title 22
20	Division 6 of the California Code of Regulations.
21	
22	This report was reviewed with the Administrator and a copy of this report was provided to the facility.
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Ruth Martinez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/21/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/21/2022

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