

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306004762

Report Date: 09/18/2023

Date Signed: 09/18/2023 09:48:18 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: ADELYA SENIOR HOME II		FACILITY NUMBER: 306004762	
ADMINISTRATOR: LAWRENCE LINDSEY		FACILITY TYPE: 740	
ADDRESS: 16419 VERNON STREET		TELEPHONE: (657) 218-4680	
CITY: FOUNTAIN VALLEY		STATE: CA ZIP CODE: 92708	
CAPACITY: 6		CENSUS: 4 DATE: 09/18/2023	
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME BEGAN: 08:00 AM	
MET WITH: Imelda Estrella		TIME COMPLETED: 10:00 AM	
NARRATIVE			
1	Licensing Program Analyst (LPA) Ruth Martinez is conducting this unannounced visit for the purpose of		
2	completing an annual inspection. LPA arrived at facility was greeted at the door by Imelda Estrella,		
3	caregiver and granted entry. Four residents currently reside at this location and hospice services are		
4	being provided to two residents at this time.		
5			
6	LPA accompanied by caregiver began the tour of the inside and outside of the facility which is a one-		
7	story home with an attached garage. LPA observed that the facility stays within the capacity limitations.		
8	There are no bodies of water or firearms at this location. There is a minimum of one week of non-		
9	perishable foods and two days of perishable foods available. There is additional food storage in		
10	attached garage freezer. The facility is maintained at a comfortable temperature and the water		
11	temperature measures 119.8 Fahrenheit degrees in facility bathrooms. Bathrooms are equipped with		
12	required safety measures such as non-skid mats and grab bars Lighting is sufficient to ensure safety		
13	and comfort. The facility provides personal hygiene items such as soap, toilet paper, toothbrush, and		
14	toothpaste. The facility has an available a clean supply of linen. Storage space is provided for residents.		
15	LPA inspected resident's bedrooms which had sufficient lighting to ensure safety and comfort. LPA		
16	checked if medications are centrally stored in a safe locked storage closet location in kitchen room. LPA		
17	inspected and observed that toxic chemicals, cleaning solutions and disinfectants are locked and		
18	inaccessible to residents in care. Smoke detectors and alarms were tested and operational. LPA toured		
19	the outside parameters of facility and observed outdoor passageways are free of obstruction. All		
20	employees have a criminal record clearance. LPA spoke with alert residents during regarding the quality		
21	of their care. During the inspection, LPA reviewed four resident records, and one staff record.		
22			
23	Based on the observations made during today's visit, no deficiencies were noted today per Title 22		
24	Division 6 of the California Code of Regulations. This report was reviewed with caregiver, and a copy		
25	furnished to the facility.		
NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero			
NAME OF LICENSING PROGRAM ANALYST: Ruth Martinez			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/18/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/18/2023

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