

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306004805
Report Date: 12/09/2025
Date Signed: 12/09/2025 04:16:51 PM

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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:	BLUE JASMINE VILLA	FACILITY NUMBER:	306004805
ADMINISTRATOR/CHAVOSHPOUR, KAVEH DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	18 SEQUOIA TREE LANE	TELEPHONE:	(949) 350-2338
CITY:	IRVINE	STATE: CA	ZIP CODE: 92612
CAPACITY: 6		CENSUS: 2	DATE: 12/09/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	01:40 PM
MET WITH:	Administrator KC	BEGAN: TIME VISIT/ INSPECTION	04:20 PM
		COMPLETED:	

NARRATIVE	
1	On December 9, 2025, Licensing Program Analyst (LPA) Garlli Tat conducted an unannounced visit to the facility for the purpose of a required annual inspection. LPA explained the purpose for the visit and was greeted and granted entry by Administrator KC. For this visit, there is one staff member on duty, who is background cleared and associated. AD assisted with the inspection.
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6	The PUB475 'See Something, Say Something' poster was observed to be located by the front entrance. LPA observed the Administrator's Certificate for Administrator 1 has been renewed on February 6, 2025.
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9	The facility is a Residential Care facility for the Elderly (RCFE) licensed for six residents, six of which may be non-ambulatory, six of which may be bedridden, and a hospice waiver for six. LPA toured the interior and exterior portions of the facility with AD. For this visit, there are a total of two non-ambulatory residents in care, none are bedridden, and none are on hospice.
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14	The facility is a single story home. There are a total of four bedrooms, one of which is a private resident bedroom, two shared bedrooms, and one bedroom for staff. LPA toured each bedroom with the AD and observed that bedrooms were provided with furniture in good repair, clean linens, adequate storage space, and free of any hazards. LPA observed the staff room is kept locked and inaccessible to residents in care. Smoke and carbon monoxide detectors as well as auditory exit alarms were tested and operational. There are a total of two full bathrooms.
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21	Continued on LIC 809-C.
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Garlli Tat

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/09/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/09/2025

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: BLUE JASMINE VILLA	FACILITY NUMBER: 306004805
	VISIT DATE: 12/09/2025

NARRATIVE	
1	Bathrooms were observed to be in good repair, toilets and faucets were operational and showers were
2	equipped with grab bars and non-skid floor mats. Water temperature in the bathrooms were measured
3	to be between 113.0 and 116.7 degrees Fahrenheit.
4	
5	Facility met the minimum two-day perishable and seven-day non-perishable food supplies. Sharp items
6	and knives were locked underneath the sink and inaccessible to residents in care. Fire extinguisher was
7	charged, mounted and located in the garage. Fire extinguisher had a purchase date of May 15, 2025.
8	There is a fire sprinkler system in the kitchen. LPA observed the emergency disaster and evacuation
9	plan, which is posted by the front entrance. LPA observed the facility conducted their last emergency
10	disaster drill on September 18, 2025. Facility had back-up emergency food and water supplies, located
11	in the garage. LPA observed that the First Aid kit had all the required components. Medications were
12	observed to be locked in a medication cabinet in the garage, inaccessible to residents in care.
13	Chemicals were observed to be locked in the garage. LPA observed the door leading to the attached
14	two car garage is kept locked and inaccessible to residents in care. The garage is used for storage and
15	laundry.
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19	For the exterior portion, LPA observed patio furniture under shading, and the grounds were free of any
20	hazards or obstructions. There are two exit gates in the backyard that can be opened in case of an
21	emergency. No bodies of water were observed.
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24	During this visit, two resident files and three staff files were reviewed. All staff are background cleared
25	and associated with the facility. LPA reviewed residents' medication and medication records and one
26	resident interview was conducted.
27	
28	Based on today's observations, there are no deficiencies being cited per Title 22 of the California Code
29	of Regulations.
30	
31	An exit interview was conducted with Administrator. This report was reviewed with the Administrator and
32	a copy was provided at the end of the visit.

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos	
NAME OF LICENSING PROGRAM ANALYST: Garlli Tat	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 12/09/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 12/09/2025