

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 306005283  
**Report Date:** 09/29/2022  
**Date Signed:** 09/29/2022 04:23:21 PM

**Document Has Been Signed on 09/29/2022 04:23 PM - It Cannot Be Edited**

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: ORANGE GROVE	FACILITY NUMBER: 306005283
ADMINISTRATOR: GOLDSTEIN, ERIC	FACILITY TYPE: 740
ADDRESS: 22182 ADAMO STREET	TELEPHONE: (949) 279-1700
CITY: LAGUNA HILLS	STATE: CA
CAPACITY: 6	ZIP CODE: 92653
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Eric Goldstein, Administrator	DATE: 09/29/2022
	UNANNOUNCED TIME BEGAN: 02:45 PM
	TIME COMPLETED: 04:40 PM

NARRATIVE	
1	On 09/29/2022 at 3:00pm, Licensing Program Analyst (LPA) Kevin Saborit-Guasch made an
2	unannounced visit to the facility in order to conduct a required annual inspection focusing on Infection
3	Control procedures. LPA was greeted and granted entry by caregivers after undergoing the COVID-19
4	screening procedure and explaining the purpose of the visit. Administrator Eric Goldstein was notified by
5	phone and arrived shortly afterwards to assist with the visit.
6	
7	At approximately 3:45pm, LPA accompanied by administrator toured the physical plant of the facility.
8	There are currently six (6) residents in care, two (2) of which are receiving hospice care. Residents are
9	observed relaxing in the facility's common areas or in their respective bedrooms. All appear clean and
10	well taken care of. The six individual bedrooms include all necessary components of furnishing.
11	Bathrooms are equipped with grab bars and slip mats. Facility is clean, sanitary and free of odors in all
12	areas inspected. Physician orders for the residents whose beds are equipped with postural supports are
13	kept in the residents files and presented to LPA when requested.
14	
15	Sharp instruments are kept in a locked drawer in the kitchen. Cleaning supplies are located in a cabinet
16	under the sink with a magnetic lock as well as in the attached garage. The centrally stored medication is
17	located in a locking metal cabinet in the formal dining area. However lock was non-functional when
18	initially observed. LPA observed a sufficient supply of food and water present. An emergency supply of
19	food is also stored in the attached garage.
20	
21	LPA observed the facility has COVID-19 Precautions posters and all required department postings along
22	with hand washing signs. The fire extinguishers present are charged and have up-to-date maintenance
23	shown on the attached tags. Sound alarms are present and functional on the facility's exit routes. Staff
24	present is adequately cleared and associated in Guardian.
25	CONTINUED ON FORM LIC809-C

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Alisa Ortiz
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Kevin Saborit-Guasch

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/29/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/29/2022

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

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 (Cont)**

FACILITY NAME: ORANGE GROVE

FACILITY NUMBER: 306005283

VISIT DATE: 09/29/2022

**NARRATIVE**

1 CONTINUED FROM FORM LIC809  
2  
3 LPA and administrator toured the outside of the facility and observed it to be free of obstructions.  
4 Outdoor furniture and a shaded area are present in the front yard for the enjoyment of residents and  
5 visitors. A shed in the backyard is used to store medical equipment, furniture and appliances. The  
6 perimeter gate on one side of the house is self-latching and can easily be opened in an evacuation.  
7 There are no bodies of water on the premises.  
8  
9 Based on the observations made during today's visit, a deficiency are being cited per Title 22 Division 6  
10 of the California Code of Regulations. This report was reviewed with facility representative and a copy of  
11 this report along with appeal rights was provided and left at facility.  
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NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz

NAME OF LICENSING PROGRAM ANALYST: Kevin Saborit-Guasch

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/29/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/29/2022

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

**FACILITY NAME:** ORANGE GROVE **FACILITY NUMBER:** 306005283  
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 09/29/2022

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87465(h)(2)
<p>The California Code of Regulations Section 87465(h)(2) indicates that "Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication."</p> <p>This requirement is not met as evidenced by: The metal cabinet used for the storage of medication, first aid equipment and Personal Protection Equipment is demonstrated to have a non-functional locking mechanism during the visit.</p>				
<b>Deficient Practice Statement</b>				
1	Based on observation and interview conducted during the visit, the licensee did not comply with the			
2	section cited above which poses a potential health, safety or personal rights risk to persons in care.			
3				
4				
<b>POC Due Date:</b> 10/07/2022				
<b>Plan of Correction</b>				
1	Licensee will ensure that the locking mechanism on the medicine cabinet is repaired and functional			
2	before the Plan of Corrections due date indicated above.			
3				
4				

	Section Cited
<b>Deficient Practice Statement</b>	
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<b>POC Due Date:</b>	
<b>Plan of Correction</b>	
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**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

<b>SUPERVISOR'S NAME:</b>	Alisa Ortiz
<b>LICENSING EVALUATOR NAME:</b>	Kevin Saborit-Guasch
<b>LICENSING EVALUATOR SIGNATURE:</b>	
	<b>DATE:</b> 09/29/2022

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 09/29/2022

