

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005283
Report Date: 09/15/2021
Date Signed: 09/15/2021 01:57:13 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: 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: 5
MET WITH: Emmanuel Dizon, Administrator	DATE: 09/15/2021
	UNANNOUNCED TIME BEGAN: 12:55 PM
	TIME COMPLETED: 02:25 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	caregiver and explained the nature of the visit. Emmanuel Dizon, Administrator arrived shortly after and
4	met with LPA.
5	
6	LPA Martinez accompanied by caregiver toured the inside and outside of the facility. There are five
7	residents in care and there are no active covid-19 cases. LPA observed all residents in their bedrooms.
8	All residents appeared to be clean and well take care of. LPA observed required department postings,
9	covid-19 precautionary postings in the facility as well as hand washing signs in the restrooms. All
10	restrooms observed to have ample soap/sanitizer and appeared clean. LPA inspected residents'
11	bedrooms and appeared clean and sanitary. All bedrooms observed to have all required components.
12	LPA observed a check in station in the main entry of the facility. Facility is taking temperatures daily and
13	documenting results. LPA observed the emergency disaster and evacuation plan. Facility has back-up
14	emergency food and water supply as well as PPE supplies. LPA toured the outside of the facility and
15	observed seating area for resident's enjoyment. Facility has completed the LIC808 Mitigation plan, was
16	reviewed/sign and approved on site.
17	
18	Based on the observation made during today's visit, no deficiencies were noted today per Title 22
19	Division 6 of the California Code of Regulations.
20	
21	This report was reviewed with Administrator and a copy of this report was provided to the facility.
22	
23	
24	
25	

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

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/15/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/15/2021

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