

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 306005384

Report Date: 12/29/2025

Date Signed: 12/29/2025 03:42:10 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	ALLORA SENIOR LIVING	FACILITY NUMBER:	306005384
ADMINISTRATOR/DIRECTOR:	KEVIN ISMAILI	FACILITY TYPE:	740
ADDRESS:	27532 CABEZA	TELEPHONE:	(949) 436-5238
CITY:	MISSION VIEJO	STATE:	CA
CAPACITY:	6	ZIP CODE:	92691
TYPE OF VISIT:	Required - 1 Year	CENSUS:	2
		DATE:	12/29/2025
		UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 08:30 AM
		INSPECTION	COMPLETED: 04:05 PM
MET WITH:	Gloria Ludaes- Caregiver		

### NARRATIVE

1 Licensing Program Analyst (LPA) Jessica Cho arrived at the facility unannounced for the purpose of  
2 conducting the Required 1-Year annual evaluation using the CARE Inspection Tool. LPA was greeted  
3 and granted entry by Caregiver Gloria Ludaes after introducing self and stating the reason for the visit.  
4 Administrator (Admin) Kevin Ismaili arrived on premise with the personnel file approximately 12:15pm  
5 after multiple attempts during the course of 4 hours and remained at the facility to assist with the  
6 inspection. Admin does not have a valid certificate which expired on April 20, 2025. LPA also verified  
7 that the application was incomplete and was not on the Administrator Certification Bureau (ACB)  
8 renewal application list.  
9  
10 The following was observed during the inspection:  
11 This is a single story property located in a residential neighborhood comprised of four resident  
12 bedrooms, one office space also utilized as a staff living quarter, and two resident bathrooms. Facility  
13 operates within the conditions and limitations specified on the license. There are two residents in care,  
14 one of which is receiving hospice service. LPA along with Caregiver Ludaes toured the interior portion of  
15 the facility. The facility is clean and in good repair with the exception of a malfunctioning doorbell. All  
16 common areas were inspected including the attached two car garage. The fireplace is appropriately  
17 screened in the living room. LPA inspected all resident bedrooms. The resident bedrooms' were  
18 appropriately furnished, beds and bedding supplies were in good condition, adequate lighting was  
19 provided, and sufficient storage space for each residents' personal belongings were observed. All  
20 bathrooms were found be in compliance, clean, and operational. Slip resistant mats were available. The  
21 hot water temperature in the bathrooms measured at 129.2 and 129.8 degrees Fahrenheit. Toxins,  
22 disinfectants, sharps, and medications were secured and inaccessible. LPA observed sufficient two-day  
23 supply of perishables and seven-day supply of non-perishable food.  
24  
25

NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya

NAME OF LICENSING PROGRAM ANALYST: Jessica Cho

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 12/29/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 12/29/2025

**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.

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

**FACILITY NUMBER:** 306005384

**VISIT DATE:** 12/29/2025

NARRATIVE	
1	LPA toured the exterior portion of the facility. The outdoor passageway is free of obstruction. The two
2	exit gates on each side of the property are operational, and there were sufficient seating and shading in
3	the patio area. There are no bodies of water on premise.
4	
5	The fire extinguisher was purchased on December 29, 2025 per receipt date. The auditory devices and
6	dual functioning smoke/carbon monoxide detectors were tested and operational. Facility maintains
7	emergency food and water.
8	
9	LPA reviewed two of two resident files and one personnel file in which no discrepancies were found.
10	Medications were audited for one out of two residents as the second resident self manages own
11	medications. No discrepancies were found with medication administration and documentation. However,
12	LPA observed two days of pre-poured medications which were placed in the kitchen drawer. Training is
13	up-to-date with the exception of CPR/First aid training for Staff #1 (S1) and administrator. Present staff
14	are background cleared and associated to the facility. Fire and earthquake drills are conducted quarterly
15	and documented as required.
16	
17	LPA provided consultation on the following: to repair the doorbell, not to pre-pour medications, to
18	maintain and organize all files and have them readily accessible for review to avoid future inspection
19	delays, and to obtain CPR/First Aid training for S1 and the administrator, and to review the emergency
20	disaster plan annually and make updates as necessary.
21	
22	Based on the observations made during today's visit, deficiencies are being cited, and advisory notes
23	are being issued.
24	
25	An exit interview was conducted with Administrator Kevin Ismaili, and a copy of this report including the
26	LIC811, and the appeal rights were provided at exit.
27	
28	
29	
30	
31	
32	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Lourdes Montoya	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Jessica Cho	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 12/29/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 12/29/2025
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**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** ALLORA SENIOR LIVING**FACILITY NUMBER:** 306005384**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 12/29/2025**DEFICIENCIES & PLANS OF CORRECTION (POCs)****Type B****Section Cited****HSC****1569.618(c)(3)****Other Provisions**

(c)The facility shall employ, and the administrator shall schedule, a sufficient number of staff members to do all of the following: (3) Ensure that at least one staff member who has cardiopulmonary resuscitation (CPR) training and first aid training is on duty and on the premises at all times. This paragraph shall not be construed to require staff to provide CPR.

This requirement is not met as evidenced by:

**Deficient Practice Statement**

- 1 Based on interview and record review, the licensee did not comply with the section cited above in two
- 2 out of two staff which poses/posed a potential health, safety or personal rights risk to persons in care.
- 3
- 4

**POC Due Date:** 01/09/2026**Plan of Correction**

- 1 Administrator stated that he and S1 will obtain CPR/first aid training and will provide proof to LPA by
- 2 POC due date.
- 3
- 4

**Type B****Section Cited****CCR****87465(h)(5)****Incidental Medical and Dental Care Services**

(h) The following requirements shall apply to medications which are centrally stored: (5) Each resident's medication shall be stored in its originally received container. No medications shall be transferred between containers.

This requirement is not met as evidenced by:

**Deficient Practice Statement**

- 1 Based on observation and interview, the licensee did not comply with the section cited above in one out
- 2 of two residents' medications which poses/posed a potential health, safety or personal rights risk to
- 3 persons in care.
- 4

**POC Due Date:** 01/09/2026**Plan of Correction**

- 1 Administrator stated that he will provide medication training to all staff regarding pre-pouring of
- 2 medications and will provide proof of training to LPA by POC due date.
- 3
- 4

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

**NAME OF LICENSING PROGRAM** Lourdes Montoya**MANAGER:****NAME OF LICENSING PROGRAM** Jessica Cho**ANALYST:****LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 12/29/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 12/29/2025