

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005563

Report Date: 02/19/2026

Date Signed: 02/19/2026 03:19:31 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:	BELMONT VILLAGE ALISO VIEJO	FACILITY NUMBER:	306005563
ADMINISTRATOR/DIRECTOR:	AYALA, ROSA	FACILITY TYPE:	740
ADDRESS:	300 FREEDOM LN	TELEPHONE:	(949) 643-1050
CITY:	ALISO VIEJO	STATE:	CA
CAPACITY:	180	ZIP CODE:	92656
TYPE OF VISIT:	Required - 1 Year	CENSUS:	131
		DATE:	02/19/2026
		UNANNOUNCED TIME VISIT/INSPECTION	08:50 AM
		BEGAN:	
MET WITH:	Rosa Ayala	TIME VISIT/INSPECTION	03:40 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analysts (LPAs) Kimberly Lyman and Andrea Mendivil conducted an unannounced
2 visit to Belmont Village. The purpose of today's visit was to conduct the required 1 year inspection. LPAs
3 were allowed entry into the facility and explained the reason for the visit. Facility is licensed for 180 non-
4 ambulatory residents of which 35 may be bedridden. Facility has an approved hospice waiver for 35
5 residents. There are 10 residents on hospice during today's visit. The facility has 147 apartments with 46
6 units for memory care. Administrator Rosa Ayala has an administrator certificate expiring on 10/23/2026.
7 Upon entry, facility appears clean, safe and sanitary.
8
9 LPAs Lyman and Mendivil along with Building Engineer John Lachey toured the facility at 9:40 AM. LPAs
10 toured the physical plant, checked food service, reviewed files as well as reviewed medication
11 administration. LPAs toured the memory care unit as well as assisted living. The main kitchen was
12 inspected. Perishable and non-perishable food supply was checked and adequately stocked at time of
13 visit. Maintenance records were observed in the main kitchen and temperatures were in compliance.
14 LPAs observed menus in the main dining room. Residents order off a menu and facility has daily
15 specials for variety. There is an auxiliary kitchen and dining room in the memory care unit as well as a
16 bistro in the assisted living. Resident bedrooms had the required furniture, bed linens and closet/drawer
17 space to accommodate each resident comfortably. LPAs pulled emergency cords and staff response
18 was immediate. Resident bathrooms were checked. Toilets and water faucets worked properly, grab
19 bars were secure and shower was free of mold/mildew. Ten resident bathrooms were tested for water
20 temperature and water temperature measured between 113 and 118.4 degrees F in tested bathrooms.
21 Resident bath towels, toiletries and personal hygiene supplies were adequately stocked. Common areas
22 were clean and clear of hazards, doorways were free of obstructions. Smoke/carbon monoxide
23 detectors are hardwired and facility has sprinklers. CONTINUED ON LIC 809C DATED 02/19/2026
24
25

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz

NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 02/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 02/19/2026

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

LIC809 (FAS) - (06/04)

California Health & Human Services Agency

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California Department of Social Services

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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868</p>
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FACILITY NAME: BELMONT VILLAGE ALISO VIEJO

FACILITY NUMBER: 306005563

VISIT DATE: 02/19/2026

NARRATIVE	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>LPAs observed documentation of last fire inspection dated 07/08/2025 conducted by West Coast Fire and Integration. Smoke detectors are monitored through an electronic monitoring system, alerting staff when there is any issue with a smoke detector. Fire extinguishers were fully charged. LPAs reviewed the emergency disaster plan as well as documentation of monthly fire drills with the last drill conducted on 01/30/2026. Facility is equipped with a generator. Facility provides daily activities in the form of exercise, games, and outings in the community. LPAs toured the outside grounds and observed a locked, alarmed pool as well as ample shaded seating for residents. Facility has a theater as well as a hair and nail salon. LPAs reviewed ten resident files and six staff files. Resident files reviewed contained required documentation including physician reports, admission agreements, and resident appraisals. Resident files reviewed contained required documentation including criminal background clearance, personnel record, required annual training, and health screen/TB. LPAs reviewed medication administration and storage. Medications are stored in locked medication carts. Medications appear to be administered per physician order. LPAs observed the first aid kit contained all required items.</p> <p>No deficiencies noted during today's visit. An exit interview was conducted and a copy of this report was left at the facility.</p>

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz	
NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 02/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/19/2026
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