

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005755
Report Date: 06/04/2026
Date Signed: 06/04/2026 12:13:20 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:	SACRED HEART SENIOR CARE	FACILITY NUMBER:	306005755
ADMINISTRATOR/ALDIANO, ANNA LIZA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(949) 600-7009
ADDRESS:	25602 WILLOW BEND	ZIP CODE:	92630
CITY:	LAKE FOREST	STATE: CA	DATE:
CAPACITY: 6		CENSUS: 6	06/04/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	08:00 AM
MET WITH:	Administrator- Marebith Nery	BEGAN:	
		TIME VISIT/	
		INSPECTION	12:30 PM
		COMPLETED:	

NARRATIVE	
1	On June 4, 2026, at 8:00 AM, Licensing Program Analyst (LPA) Edward Kim conducted an unannounced required
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5	The facility is licensed to have a capacity of six (6) nonambulatory residents, of which one may be bedridden, and
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9	a hospice waiver for six (6) residents. LPA Kim observed the following. The facility is a one-story house with an
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13	attached 2-car garage with six (6) resident bedrooms, three bathrooms, dining room, a kitchen, a living room, and
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17	outdoor shaded patio.
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21	LPA Kim toured inside and outside of the physical plant. There are no obstructions or bodies of water on the
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25	premises. All rooms were inspected. Beds and bedding supplies were in good condition, adequate lighting was
	provided, storage for each resident's personal belongings was observed. Bed linens, comforters, and bath towels
	were adequately stocked at the time of visit. All bedrooms were inspected: Resident room 1, Resident Room 2,
	Resident Room 3, Resident Room 4, Resident Room 5, and Resident Room 6. Bathrooms were found to be clean
	and operational. The water temperature measured between 121.4 degrees F and 125.4 degrees F. A comfortable
	temperature of 74 degrees F was maintained in the facility.
	LPA Kim observed the facility to be sanitary and appropriately furnished at the time of visit. Storage areas for
	personal hygiene, cleaning supplies, toxins, and sharps objects were stored and not accessible to residents
	Evaluation Report Continues on LIC 809-C

NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya
NAME OF LICENSING PROGRAM ANALYST: Edward Kim

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/04/2026

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: SACRED HEART SENIOR CARE	FACILITY NUMBER: 306005755
	VISIT DATE: 06/04/2026

NARRATIVE	
1	<p>During the visit, LPA Kim observed the facility's infection control practices. LPA observed screening protocols for visitors, staff, and residents, and sanitizing stations in common areas. LPA observed the facility has a 30-day supply of Personal Protective Equipment (PPE). The kitchen was inspected and there is a two-day supply of perishable and seven-day supply of non-perishable food available and maintained properly. Emergency food, emergency water and emergency supplies are stored in the garage. All mandated inspection control posters were posted. The facility has smoke detectors and carbon monoxide detectors that were operable. The Certificate of Liability Insurance is effective from April 21, 2026 to April 21, 2027.</p> <p>The facility conducts Fire/Safety Drills quarterly and was last conducted on May 3, 2026. Four (4) fire extinguishers are in the facility that were mounted in the kitchen, in front of bedroom #2, and two extinguishers in the garage that were last inspected on May 21, 2026. A working telephone Facility phone number (949-600-7009) and tablet device dedicated to the residents both remain available. First Aid Kit contained all the necessary elements.</p> <p>LPA Kim conducted an audit of six (6) residents (R1-R6) files, and six (6) staff (S1-S6) personnel files, and medication and medication administration records. LPA observed S1 without a health screening form and S2, S3, and S4 without a completed health screening form. LPA conducted interviews for two (2) residents and two (2) staff.</p> <p>Based on today's visit, deficiencies were cited as per the Title 22 Division 6 Chapter 8 of California Code of Regulations (CCR). LPA observed bathrooms used by residents hot water temperature measured between 121.4 degrees F to 125.4 degrees F. LPA observed S1 did not have a health screening form in their file and S2, S3, and S4 did not have a completed health screening form in their file at the time of the visit.</p> <p>An exit interview was conducted, and a copy of this report and appeal rights were provided to Administrator Marebith Nery.</p>
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NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya	
NAME OF LICENSING PROGRAM ANALYST: Edward Kim	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/04/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/04/2026

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** SACRED HEART SENIOR CARE**FACILITY NUMBER:** 306005755**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 06/04/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87303(e)(2)	
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Maintenance and Operation

(2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C).

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, interview, record review, the licensee did not comply with the section cited above. LPA observed all resident bathrooms hot water temperature measured between 121.4 degrees F and 125.4 degrees F. This poses an immediate health, safety or personal rights risk to persons in care.
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	POC Due Date: 06/05/2026
	Plan of Correction
1	Licensee stated they will keep a hot water temperature log from June 4, 2026, 1:00 PM to June 5, 2026, 1:00 PM checking and logging each bathroom water temperature every hour. Licensee will send the log to CCLD via email to edward.kim@dss.ca.gov by POC due date June 5, 2026.
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		Section Cited			
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	Deficient Practice Statement
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	POC Due Date:
	Plan of Correction
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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.

NAME OF LICENSING PROGRAM MANAGER:	Lourdes Montoya
NAME OF LICENSING PROGRAM ANALYST:	Edward Kim
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 06/04/2026
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FACILITY REPRESENTATIVE SIGNATURE:	
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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87411(f)	
Personnel Requirements - General					
(f) All personnel, including the licensee and administrator, shall be in good health, and physically and mentally capable of performing assigned tasks. Good physical health shall be verified by a health screening, including a chest x-ray or an intradermal test, performed by a physician not more than six (6) months prior to or seven (7) days after employment or licensure. A report shall be made of each screening, signed by the examining physician. The report shall indicate whether the person is physically qualified to perform the duties to be assigned, and whether he/she has any health condition that would create a hazard to him/herself, other staff members or residents. A signed statement shall be obtained from each volunteer affirming that he/she is in good health. Personnel with evidence of physical illness or emotional instability that poses a significant threat to the well-being of residents shall be relieved of their duties.					
This requirement is not met as evidenced by:					
Deficient Practice Statement					
1	Based on observation, interview, and record review, the licensee did not comply with the section cited				
2	above. LPA observed S1 did not have a health screening form in their file and S2, S3, and S4 did not				
3	have a completed health screening (LIC503) on file at the time of visit. This poses/posed a potential				
4	health, safety or personal rights risk to persons in care.				
POC Due Date: 06/26/2026					
Plan of Correction					
1	Licensee stated they will send a completed LIC503 form with TB test to CCLD via email to				
2	edward.kim@dss.ca.gov by POC due date June 26, 2026.				
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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.

NAME OF LICENSING PROGRAM MANAGER:	Lourdes Montoya
NAME OF LICENSING PROGRAM ANALYST:	Edward Kim
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 06/04/2026
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FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 06/04/2026