

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005769

Report Date: 07/10/2024

Date Signed: 07/10/2024 11:06:46 AM

COMPREHENSIVE INSPECTION

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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: ADAIR LOVING CARE	FACILITY NUMBER: 306005769
ADMINISTRATOR/ADAIR, ROBERT DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 23665 CREMONA	TELEPHONE: (949) 228-6285
CITY: LAGUNA HILLS	STATE: CA
CAPACITY: 6	ZIP CODE: 92653
TYPE OF VISIT: Required - 1 Year	CENSUS: 0
	DATE: 07/10/2024
	UNANNOUNCED TIME VISIT/ INSPECTION
	BEGAN: 10:25 AM
MET WITH: Robert Adair	TIME VISIT/ INSPECTION
	COMPLETED: 11:15 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Ruth Martinez is conducting this unannounced visit for the purpose of
2	completing a 1 year required inspection. LPA arrived at facility was greeted at the door by Robert Adair,
3	Administrator and granted entry. During today's visit, LPA explained the reason for visit. LPA toured the
4	facility and inspected the physical plant of the facility; no residents were observed at facility. LPA was
5	informed there are no residents currently residing at facility and only occupant is administrator. LPA
6	observed that facility is being renovated and is currently being worked on. LPA was notified earlier this
7	year that the garage had been converted to a bedroom and added on to the footprint of the facility. LPA
8	received a new footprint of the facility with conversion and was informed Licensee was coordinating with
9	Fire Authority for the approval of the conversion. Administrator is taking the proper channels for the
10	revision and once completed LPA will do a final inspection. LPA was informed that nothing has changed
11	with the facility since last annual of 2022 and facility has no residents since it was licensed. Licensee will
12	contact Community Care Licensing (CCL) to inform of when they are ready to accept new residents or if
13	there are any changes with the license. As a reminder LPA gave information for annual fees due to be
14	paid to Administrator.
15	
16	At this time there were no deficiencies to report in the facility. As noted above, Licensee will contact
17	CCLD once residents are being admitted. In an effort to update the facility file, the Administrator is
18	required to submit to the licensing agency a copy of the following:
19	
20	- An updated Personnel Report (LIC500).
21	
22	- Copy of Administrator Certificate.
23	
24	This report was reviewed with administrator and a copy of this LIC809 report was provided
25	

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero
NAME OF LICENSING PROGRAM ANALYST: Ruth Martinez
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 07/10/2024

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 07/10/2024

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