

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 306005769  
Report Date: 06/23/2022  
Date Signed: 06/23/2022 09:46:43 AM

### COMPREHENSIVE INSPECTION

Document Has Been Signed on 06/23/2022 09:46 AM - It Cannot Be Edited

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: ADAIR LOVING CARE	FACILITY NUMBER: 306005769
ADMINISTRATOR: ADAIR, ROBERT	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
MET WITH: Robert Adair	DATE: 06/23/2022
	UNANNOUNCED TIME BEGAN: 09:02 AM
	TIME COMPLETED: 10:00 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Jessica Cho conducted an unannounced required annual inspection
2	focusing primarily on the Infection Control. At 9:02 am, LPA was greeted and granted entry by
3	Licensee/Administrator (Admin) Robert Adair and stated the purpose of the visit. LPA was informed by
4	the Admin that the facility has not accepted any residents since facility was licensed due to renovations.
5	Facility has a total of three bedrooms and is adding on four additional bedrooms. LPA consulted with
6	Admin to inform the primary LPA once the facility is ready to accept residents.
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8	As of today, the annual licensing fees are current.
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10	LPA reviewed the approved COVID-19 mitigation plan of the facility. No deficiency cited in this review as
11	per Title 22 Division 6 of the California Code of Regulations. An exit interview was conducted with
12	Licensee/Administrator Robert Adair, and a copy of this report was provided.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Sheila Santos <b>NAME OF LICENSING PROGRAM ANALYST:</b> Jessica Cho
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**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 06/23/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 06/23/2022

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