

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 306005804  
Report Date: 09/09/2025  
Date Signed: 09/09/2025 12:28:04 PM

Document Has Been Signed on 09/09/2025 12:28 PM - It Cannot Be Edited

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: MERIDIAN AT LAGUNA HILLS, THE	FACILITY NUMBER: 306005804
ADMINISTRATOR/JENSEN, ERIC	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 24552 PASEO DE VALENCIA BLDG A	TELEPHONE: (949) 581-6111
CITY: LAGUNA HILLS	STATE: CA
CAPACITY: 200	ZIP CODE: 92653
TYPE OF VISIT: Required - 1 Year	CENSUS: 74
	DATE: 09/09/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 08:40 AM
MET WITH: Eric Jensen	TIME VISIT/INSPECTION
	COMPLETED: 01:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Ruth Martinez is conducting this unannounced visit for the purpose of
2	completing an annual required inspection. LPA arrived at the facility and was greeted and granted entry
3	by receptionist. LPA met with Eric Jensen, Executive Director, and LPA explained the nature of the visit.
4	Facility is licensed for building A floors 1-5 with 200 non-ambulatory residents, of which 15 may be
5	bedridden. Facility has an approved hospice waiver for 20 residents. The facility currently has 74
6	residents and 7 residents are on hospice during today's visit.
7	
8	LPA Martinez along with Executive Director toured the inside and outside of the physical plant of the
9	facility. LPA observed a dining room on the first floor. LPA observed menus posted and the food offered
10	is varied and healthy. Kitchen was inspected. Perishable and non-perishable food supply was checked
11	and adequately stocked at time of visit. Maintenance records were observed in the main kitchen. During
12	the tour LPA observed residents involved in activities as well as a posted activity schedule including
13	games, exercise, and outings at the facility. LPA inspected that medication is centrally stored in a safe
14	locked location; facility has a medication room on the 2 <sup>nd</sup> floor. LPA observed and inspected medication
15	carts that are used to dispense meds to residents and observed medication was labeled and stored
16	inaccessible to residents in care. First aid kit was observe in the medication room and mounted on the
17	wall throughout the facility First aid manual kept and observed in the medication room. he facility has
18	apartment style bedrooms for residents. LPA inspected apartments; all required components were
19	observed in inspected apartments. Each apartment has their own bathroom, LPA inspected resident
20	bathrooms. Toilets and water faucets worked properly, grab
21	
22	Continued on LIC809-C
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero

**NAME OF LICENSING PROGRAM ANALYST:** Ruth Martinez

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 09/09/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 09/09/2025

**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.

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

**FACILITY NAME:** MERIDIAN AT LAGUNA HILLS, THE

**FACILITY NUMBER:** 306005804

**VISIT DATE:** 09/09/2025

<b>NARRATIVE</b>	
1	bars were secure, and shower was free of mold/mildew. Resident bathrooms were tested for hot water
2	temperature in floors 1-5 and water temperature measured between 106.1 -109.2 Fahrenheit degrees.
3	Resident bath towels, toiletries and personal hygiene supplies were adequately stocked. LPA observed
4	the restrooms equipped with a call button in various resident rooms and common spaces. Call button
5	when pulled calls to caregiver pager as well as the front desk for response accuracy. Residents also use
6	a pendant. LPA observed caregiver receive a call button notification and response time was immediate.
7	LPA observed several residents throughout the facility who appeared clean, and happy. LPA observed
8	several courtyards with shaded seating areas for residents' enjoyment. LPA observed a swimming pool
9	with a fence around it. LPA observed the pool gate has a self-latching entry door which opens towards
10	the pool. The fence has a key lock at the gate door for inaccessibility. LPA measured the pool fence
11	which measured 5ft from base of the floor to the top of the fence and it was observed to enclose the
12	entire pool area. Toxic chemicals, cleaning solutions and disinfectants are stored locked in the
13	housekeeping storage room in the basement floor. Carbon monoxide detectors tested and noted to be
14	operational. LPA observed fire extinguishers throughout the facility that are fully charged and had a
15	service date of July 19, 2025. Smoke detectors and sprinkler system are tested yearly by an outside
16	agency, and LPA was provided with testing documentation, last testing was done July 29, 2025.
17	Emergency drills are being conducted quarterly with a variation of shifts, LPA observed and reviewed
18	Fire, drills and safety logs. Facility has evacuation chairs in the stairwells. LPA began file review. LPA
19	reviewed seven resident files, all resident files contained required documentation including updated
20	physician reports and care plans. LPA reviewed five staff files. Staff files contained required
21	documentation including health screens, first aid, and fingerprint clearance. All employee files reviewed
22	are associated to the facility.
23	
24	Based on the observations made during today's visit, no deficiencies were noted today in the areas
25	inspected per <b>Title 22 Division 6 of the California Code of Regulations.</b>
26	
27	
28	
29	This report was reviewed with the Executive Director and a copy of this report was provided to the
30	facility.
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32	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Armando J Lucero
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Ruth Martinez
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>
<b>DATE:</b> 09/09/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>
<b>DATE:</b> 09/09/2025