

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005948

Report Date: 01/27/2026

Date Signed: 01/27/2026 03:15:43 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:	AEGIS LIVING DANA POINT	FACILITY NUMBER:	306005948
ADMINISTRATOR/NAZARETH, SHEILA DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	26922 CAMINO DE ESTRELLA	TELEPHONE:	(949) 488-2650
CITY:	DANA POINT	STATE: CA	ZIP CODE: 92624
CAPACITY:	76	CENSUS:	DATE: 01/27/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	08:00 AM
MET WITH:	Eric Medor	BEGAN: TIME VISIT/ INSPECTION	03:35 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced visit to the facility. The
2 purpose of today's visit was to conduct the annual required inspection. LPA was allowed entry into the
3 facility and explained the reason for the visit. Facility is licensed for 76 non-ambulatory residents of
4 which 10 may be bedridden. Facility has a hospice waiver for 16 residents and there are 13 residents on
5 hospice during today's visit. The two story facility houses Assisted Living and Memory Care apartments
6 including multiple, activity areas, med rooms, two common dining rooms, bistro, reading room and salon
7 as well as an outdoor space. Administrator Eric Medor has a current administrator certificate expiring on
8 11/20/2026. Upon entry, facility appears clean, safe and sanitary.

9 LPA Lyman along with Administrator Eric Medor toured the facility at 9:22 AM. LPA toured the physical
10 plant, checked food service, facility documents and the first aid kit. Resident bedrooms had the required
11 furniture, bed linens and closet/drawer space to accommodate each resident comfortably. Resident
12 restrooms were checked. Toilets and water faucets worked properly, grab bars were secure and shower
13 was free of mold/mildew. Water temperature measured between 105.2 degrees F and 119 degrees F in
14 all restrooms. Resident bath towels, toiletries and personal hygiene supplies were adequately stocked.
15 LPA checked medication room and medication carts were found to be secured. Common areas were
16 clean and clear of hazards, doorways were free of obstructions. Perishable and non-perishable food
17 supply was checked and adequately stocked at time of visit. Kitchen appliances are operational during
18 today's visit. Toxins are secured. Smoke detectors and carbon monoxide detectors are tested monthly in
19 house and fire/ sprinkler inspections were last conducted on 11/24/2025 by third-party South Coast Fire
20 and Security. Fire extinguishers were fully charged. LPA reviewed the emergency disaster plan and plan
21 is complete. Facility conducts quarterly emergency drills with the last drill conducted on 01/15/2026.
22 Continued ON LIC 809C DATED 01/27/2026
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NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz

NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 01/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/27/2026

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
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FACILITY NAME: AEGIS LIVING DANA POINT

FACILITY NUMBER: 306005948

VISIT DATE: 01/27/2026

NARRATIVE	
1	LPA observed ample emergency food and water as well as evacuation chairs at stairwell. Outside
2	grounds were toured. LPA observed multiple outside patio areas. There is ample outdoor shaded
3	seating for residents. Walkways around the facility were clear of hazards. There are no security bars or
4	weapons on the premises. LPA reviewed select staff and resident files. Resident files included all
5	required documents including updated physician reports, pre-appraisals, admission agreements and
6	physician orders for bed rails as indicated. Staff files reviewed contained proof of CPR training, health
7	screen/ TB and required annual training. LPA observed medication administration and storage.
8	Medications appear to be administered per physician order.
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17	Based on the observations made during today's visit, No deficiencies are being cited. Exit interview
18	conducted and a copy of this report was left at the facility.
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NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz	
NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/27/2026
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