

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006070
Report Date: 10/21/2025
Date Signed: 10/21/2025 11:49:41 AM

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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:	COASTAL CHARM OF TUSTIN	FACILITY NUMBER:	306006070
ADMINISTRATOR/ALI, AHMAD		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	13341 ETON PLACE	TELEPHONE:	(949) 357-7633
CITY:	NORTH TUSTIN	STATE: CA	ZIP CODE: 92705
CAPACITY: 6		CENSUS: 5	DATE: 10/21/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	08:00 AM
		BEGAN:	
MET WITH:	Licensee Ahmad Ali	TIME VISIT/	
		INSPECTION	12:00 PM
		COMPLETED:	

NARRATIVE	
1	On October 21, 2025, Licensing Program Analyst (LPA) Brandon Lopez made an unannounced visit to the facility to conduct the required annual inspection. LPA was greeted and granted entry into the facility by care giving staff after explaining the purpose for the visit. Licensee (LI) Ahmad Ali was present and assisted on today's inspection. LPA observed that Ahmad Ali has a valid Administrator certificate which expires on May 4, 2026.
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6	The facility is a Residential Care Facility for the Elderly (RCFE) licensed for six non-ambulatory residents, of which one may be bedridden, and has a hospice waiver for four. The facility is a single story home with five resident bedrooms, one of which is shared, one staff bedroom, three resident bathrooms, two living rooms, a dining room, a kitchen, and an attached two car garage. LPA, accompanied by the LI, conducted a tour of the interior portions of the facility. On today's visit, LPA observed five resident in care and two care giving staff present. LPA observed residents to be relaxing in their respective bedrooms and in the backyard. LPA observed the See Something, Say Something poster, (PUB 475) mounted on the wall by the entryway of the facility. LPA inspected all five resident bedrooms and observed them to be free of hazards. LPA observed resident bedrooms to have the required furnishings of a bed, a chair, a chest of drawers, and a lamp. LPA observed resident beds to have clean linens and blankets. LPA observed additional linens to be stored in a hallway closet. LPA inspected the three resident bathrooms and observed them to be clean. Bathrooms were equipped with grab bars and non-skid floor mats. Faucets and toilets were operational. Hot water temperature measured between 109.5 to 117.1 degrees Fahrenheit. LPA observed the staff bedroom to be free of any hazards.
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Brandon Lopez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/21/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/21/2025

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.

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 (Cont)	

FACILITY NAME: COASTAL CHARM OF TUSTIN

FACILITY NUMBER: 306006070

VISIT DATE: 10/21/2025

NARRATIVE	
1	LPA observed the kitchen has a two day perishable and a seven day non-perishable food supply on
2	hand. LPA observed kitchen appliances to be clean and operational. LPA observed kitchen knives and
3	sharps to be stored in a locked kitchen cabinet. LPA observed fire extinguishers to be mounted on the
4	wall in the kitchen and in one living room. LPA observed fire extinguishers to be charged and serviced
5	as of September 19, 2025. LPA tested the wired smoke detectors/carbon monoxide detectors which
6	tested operational. LPA observed the facility did not conduct an emergency disaster drill last quarter and
7	the most recent drill was conducted on April 2, 2025.
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9	LPA observed the centrally stored medication to be kept in a locked cabinet by the kitchen. LPA
10	observed the facility has a First Aid Kit stored in the cabinet and it had all the required components. LPA
11	observed the door leading to the attached two car garage to be kept locked and inaccessible to
12	residents in care. LPA observed the garage to be used for storage and laundry. LPA observed chemicals
13	and toxins to be stored in the garage. LPA also observed the facility has a three day emergency food
14	and water supply stored in the garage.
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16	LPA, accompanied by the LI, conducted a tour of the exterior portion of the facility. The exterior portion
17	was observed to be free of hazards and obstructions. LPA observed a shaded outdoor seating area with
18	furniture for resident use. LPA observed the perimeter gate of the facility to be self latching and can be
19	opened in an evacuation. There are no bodies of water on the premises.
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21	LPA reviewed all five resident files. All the required documentation were present and current in the
22	resident file reviewed. LPA reviewed the residents' medication and medication administration records.
23	LPA reviewed six staff files. All staff are background cleared and associated to the facility.
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26	Based on the observations made during today's visit, a deficiency is being cited on the attached
27	LIC809D. An exit interview was conducted with Licensee Ahmad Ali. A copy of the report and Appeal
28	Rights were provided.
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos	
NAME OF LICENSING PROGRAM ANALYST: Brandon Lopez	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 10/21/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 10/21/2025

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FACILITY EVALUATION REPORT (Cont)CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868**FACILITY NAME:** COASTAL CHARM OF TUSTIN**FACILITY NUMBER:** 306006070**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 10/21/2025**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	HSC	1569.695(c)	
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Other Provisions

(c) A facility shall conduct a drill at least quarterly for each shift. The type of emergency covered in a drill shall vary from quarter to quarter, taking into account different emergency scenarios. An actual evacuation of residents is not required during a drill. While a facility may provide an opportunity for residents to participate in a drill, it shall not require any resident participation. Documentation of the drills shall include the date, the type of emergency covered by the drill, and the names of staff participating in the drill.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on observation and record review, the licensee did not comply with the section cited above which
2 poses/posed a potential health, safety or personal rights risk to persons in care. LPA observed the
3 facility did not conduct an emergency disaster drill last quarter and the most recent drill was conducted
4 on April 2, 2025.

POC Due Date: 11/07/2025**Plan of Correction**

1 The Licensee stated the facility will conduct an emergency disaster drill. The Licensee agreed to send
2 LPA proof of the emergency disaster drill via email or fax by POC date.
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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 Sheila Santos
MANAGER:**NAME OF LICENSING PROGRAM** Brandon Lopez
ANALYST:**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 10/21/2025**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 10/21/2025