

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006095
Report Date: 06/05/2026
Date Signed: 06/05/2026 01:34:39 PM

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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:	EPIC ASSISTANCE CARE HOME	FACILITY NUMBER:	306006095
ADMINISTRATOR/MESDJIAN, LIZA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	26751 CARRETAS DRIVE	TELEPHONE:	(818) 220-0282
CITY:	MISSION VIEJO	STATE: CA	ZIP CODE: 92691
CAPACITY: 6		CENSUS: 6	DATE: 06/05/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	09:50 AM
		BEGAN:	
MET WITH:	Silvana Apumayta Huerta - Administrator	TIME VISIT/INSPECTION	01:50 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Jessica Cho arrived at the facility unannounced for the purpose of conducting the Required 1-Year annual evaluation using the CARE Inspection Tool. LPA was greeted and granted entry by Caregiver Linzy McCallum after introducing self and stating the reason for the visit. Administrator Liza Mesdjian was also notified by telephone regarding the visit. Administrator Silvana Huerta arrived on premise approximately 11:30am to assist with the inspection. Administrator Liza has a valid certificate expiring July 29, 2026 and August 26, 2026 for Admin Silvana per the Active Administrator Certificate List.
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9	The following was observed during the inspection accompanied by Caregiver McCallum: The facility is located in a residential neighborhood comprised of six private resident bedrooms, six resident half bathrooms, two full resident bathrooms, and a shared staff bedroom occupied by two staff. LPA observed six residents in care, two of which are on hospice. LPA observed two staff on duty. Facility is operating within the conditions and limitations specified on the license.
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15	LPA toured the physical plant. LPA inspected all common areas, the attached two car garage and all bedrooms. The resident bedrooms' were appropriately furnished, beds and bedding supplies were in good condition, adequate lighting was provided, and sufficient storage space for each residents' personal belongings were observed. Facility appeared clean, sanitary, and in good repair as well as all bathrooms. Slip resistant mats were observed to be available in the bathrooms. The hot water temperature in the resident bathrooms were not within the required range measuring at 131.5, 101.4, 129.7, 99.8, 99.5, 99.3, 98.9, and 98.9 degrees Fahrenheit.
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NAME OF LICENSING PROGRAM MANAGER:	Lourdes Montoya
NAME OF LICENSING PROGRAM ANALYST:	Jessica Cho

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/05/2026

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 III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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Created By: Jessica Cho On 06/05/2026 at 12:57 PM
Link to Parent Document Below:

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

FACILITY NAME: EPIC ASSISTANCE CARE HOME	FACILITY NUMBER: 306006095
DEFICIENCY INFORMATION FOR THIS PAGE:	VISIT DATE: 06/05/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87303(e)(2)	

Maintenance and Operation	
(2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C).	
This requirement is not met as evidenced by:	
	Deficient Practice Statement
1 2 3 4	Based on observation of the hot water temperature in the resident bathrooms, the licensee did not comply with the section cited above in eight of eight bathrooms which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 06/06/2026
	Plan of Correction
1 2 3 4	Admin Silvana stated that they will forward proof of the hot water temperature reading in a video format of all eight resident bathrooms to LPA via email by POC due date.

		Section Cited			
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	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 2 3 4	

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 MANAGER:	Lourdes Montoya
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ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/05/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
ORANGE COUNTY RO, 770 THE CITY DR., SUITE
7100
ORANGE, CA 92868

FACILITY NAME: EPIC ASSISTANCE CARE HOME

FACILITY NUMBER: 306006095

VISIT DATE: 06/05/2026

NARRATIVE

1 Toxins, disinfectants, sharps, and medications were secured and inaccessible. LPA observed ample
2 two-day supply of perishables and seven-day supply of non-perishable food.
3

4 LPA toured the exterior portion of the facility. The outdoor passageway is free of obstruction, and there
5 are sufficient seating and shading. LPA observed two secured gate exits that were operable.
6

7 The first aid kit contains all necessary elements. The fire extinguisher was mounted, charged, and
8 serviced on April 3, 2026. The auditory devices and dual functioning smoke/carbon monoxide detectors
9 were tested and operational. Facility maintains emergency food and water. A working telephone number
10 (949) 770-1097 was tested and remains available. Complaint Poster, 'See Something, Say Something,'
11 (PUB 475) was available and posted in the correct size.
12

13 LPA reviewed six residents and two personnel files. No discrepancies noted. Present staff are
14 background cleared and associated to the facility. Staff are pending completion of their 40 hour annual
15 training for this year. The Emergency Disaster Plan (LIC610E) was reviewed. Disaster drills of various
16 scenarios are conducted quarterly with the last date on March 15, 2026. Medications were audited for
17 two of six residents. No discrepancies noted on administration and documentation.
18

19 LPA provided consultation on the following: to annually review the LIC610E and complete page 9, to
20 update the disaster plan, and to ensure all disaster supplies are available, to ensure documentation of
21 start date of all medications, and to dispense medications according to the corresponding calendar date.
22

23 Based on the observations made during today's visit, a deficiency is being cited. Technical Violations are
24 being issued.
25

26 An exit interview was conducted with Administrator Silvana Huerta, and a copy of this report including
27 the appeal rights were provided at exit.
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NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya

NAME OF LICENSING PROGRAM ANALYST: Jessica Cho

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/05/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/05/2026