

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006273
Report Date: 06/15/2026
Date Signed: 06/15/2026 03:12:19 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 #2	FACILITY NUMBER:	306006273
ADMINISTRATOR/MESDJIAN, LIZA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	25464 VIA ESTUDIO	TELEPHONE:	(949) 218-7268
CITY:	LAGUNA NIGUEL	STATE: CA	ZIP CODE: 92677
CAPACITY: 6		CENSUS: 6	DATE: 06/15/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	01:00 PM
		BEGAN:	
MET WITH:	Jane Fernandez	TIME VISIT/INSPECTION	04:15 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Joseph Alejandro made an unannounced visit to conduct the required
2	annual inspection. LPA met with staff and explained the reason for the visit. The Administrator, Liza
3	Mesdjian's Administrator's certificate expires on July 29, 2026. LPA and staff toured the facility. LPA
4	observed the See Something, Say Something poster (PUB 475) posted in the entry way of the facility.
5	The facility is a single story home with 6 bedrooms, 4 bathrooms, living room, dining room, kitchen and a
6	2 car garage. LPA observed the fireplace in the living room is screened. LPA toured the kitchen and
7	dining room. The kitchen is clean and organized. LPA observed a 2 day perishable and a 7 day non-
8	perishable food supply on hand in the kitchen. LPA observed that the stove lights unassisted. LPA
9	observed the knives are kept locked in a kitchen drawer. LPA observed the fire extinguisher in the dining
10	room is fully charged. LPA toured the resident rooms. LPA observed all resident rooms are clean and
11	organized. All resident beds had the required linens. LPA observed Resident 1 (R1) had a quarter bed
12	rail on their bed. Prescription for the bed rail in R1's file. LPA observed all 4 bathrooms are clean and
13	operational. How water measured 105.5 degrees Fahrenheit in all 4 bathrooms. Smoke
14	detectors/carbon monoxide detectors tested operational. There is no record of a recent emergency drill
15	being conducted in the last 3 months. LPA toured the garage. The garage is used for storage and kept
16	locked. LPA observed extra furniture, supplies and perishable food stored in the garage refrigerator. LPA
17	observed a 3 day emergency food and water supply stored in the garage. The living room has chairs for
18	residents to sit and there is a TV mounted above the fireplace for residents to watch TV. LPA observed
19	reading material and games stored on the shelf in the dining room. LPA observed the medication is
20	stored in the locked closet next to bedroom number 2. LPA toured the backyard. LPA observed a
21	covered patio in the backyard. No bodies of water observed. The exit gate is operational and is self
22	closing. There is a courtyard at the front of the house that has a seating area with shade so the
23	residents can sit outside.
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandro

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/15/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: EPIC ASSISTANCE CARE HOME #2	FACILITY NUMBER: 306006273
	VISIT DATE: 06/15/2026

NARRATIVE	
1	LPA observed on the North side of the house there are 2 old chairs, old bed frames, bed rails and wheel
2	chairs. LPA reviewed 2 staff files, no discrepancies observed. Both staff had the required 20 hours of
3	annual training. Both staff members are background cleared and associated to the facility. LPA reviewed
4	6 resident files and medications, no discrepancies observed. Smoke detectors and the carbon monoxide
5	detectors tested operational. LPA inspected the first-aid kit. The first-aid kit had all the required
6	elements. Deficiencies are being cited per Title 22 Division 6 of the California Code of Regulations. An
7	exit interview was conducted and a copy of the report provided along with appeal rights.
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos	
NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandre	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/15/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/15/2026

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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** EPIC ASSISTANCE CARE HOME #2**FACILITY NUMBER:** 306006273**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 06/15/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	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 record review, the licensee did not comply with the section cited above, There is no record of a recent emergency drill being conducted in the last 3 months. which poses an immediate health, safety or personal rights risk to persons in care.
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	POC Due Date: 06/16/2026
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	Plan of Correction
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1	Licensee agrees to conduct an emergency disaster drill with all staff members and to forward documentation of the drill to the LPA.
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		Section Cited			
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	Deficient Practice Statement
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	POC Due Date:
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	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 MANAGER:	Sheila Santos
NAME OF LICENSING PROGRAM ANALYST:	Joseph Alejandre
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 06/15/2026

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FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 06/15/2026