

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006275
Report Date: 02/28/2023
Date Signed: 02/28/2023 10:49:54 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		CCLD Regional Office, 744 P STREET, MS 9-14-8201	
		SACRAMENTO, CA 95814	
FACILITY NAME: EPIC ASSISTED CARE HOME 3		FACILITY NUMBER:	306006275
ADMINISTRATOR: AZIZA, SIMONA		FACILITY TYPE:	740
ADDRESS: 25466 VIA ESTUDIO		TELEPHONE:	(949) 543-7698
CITY: LAGUNA NIGUEL	STATE: CA	ZIP CODE:	92677
CAPACITY: 6	CENSUS:	DATE:	02/28/2023
TYPE OF VISIT: Office	UNANNOUNCED TIME BEGAN:		10:00 AM
MET WITH: Simona Aziza	TIME COMPLETED:		10:30 AM

NARRATIVE	
1	Component II completion: Successful
2	
3	
4	Facility Type: RCFE
5	Application Type: INC
6	Capacity: 6
7	
8	Census (if any clients in care): 6
9	COMP II Participants: Simona Aziza (Applicant/Administrator)
10	Interview Method: Telephone interview
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12	
13	
14	
15	On 02/28/2023, applicant/administrator participated in COMP II.
16	Identification of the applicant and administrator was verified through
17	interview questions based on photo ID and other identifying personal
18	information. During COMP II, applicant and administrator confirmed that
19	they have read and understand community care facility licensing laws
20	included in the Health and Safety Codes and the California Code of
21	Regulations Title 22. Signed LIC 809 with copy of photo ID have been
22	obtained.
23	
24	
25	
	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of following areas:

1. Facility operation: License type, client/resident populations, and program
2. Admission Policies
3. Staffing requirements & Training
4. Restrictive/Prohibited Health Conditions
5. General provisions
6. Emergency Preparedness
7. Complaints & Reporting
8. Pre-licensing readiness

NAME OF LICENSING PROGRAM MANAGER: Julia Kim

NAME OF LICENSING PROGRAM ANALYST: Thai Doan

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/28/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/28/2023

This report must be available at Child Care and Group Home facilities for public review for 3 years.