

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 306006275  
**Report Date:** 04/04/2025  
**Date Signed:** 04/04/2025 12:33:07 PM

**Document Has Been Signed on 04/04/2025 12:33 PM - It Cannot Be Edited**

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	EPIC ASSISTANCE CARE HOME 3	FACILITY NUMBER:	306006275
ADMINISTRATOR/AZIZA, SIMONA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(949) 543-7698
ADDRESS:	25466 VIA ESTUDIO	ZIP CODE:	92677
CITY:	LAGUNA NIGUEL	STATE: CA	
CAPACITY:	6	CENSUS: 5	DATE: 04/04/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 08:30 AM
MET WITH:	Simona Aziza, Silvana Huerta	TIME VISIT/INSPECTION	COMPLETED: 12:31 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Joseph Alejandro made an unannounced visit to conduct the required
2	annual inspection. LPA met with Administrator Simona Aziza and explained the reason for the visit. The
3	facility is a single story home with 6 bedrooms (1 bedroom is for staff only), 5 bathrooms, kitchen, living
4	room with a fireplace that is screened, dining room and an attached 2 car garage that is used for
5	storage. The fireplace is gas operated and the gas line is capped. The gas can only be opened by a use
6	of a key which is kept locked in the garage. Staff reported that the fireplace is never used. LPA and
7	Administrator toured the facility. The Administrator's certificate expires 12/2/2026. LPA observed the
8	PUB 475 poster (see something, say something poster) is posted in the entry way of the facility. LPA
9	observed the kitchen is clean and organized. The stove lights unassisted. LPA observed a 2 day
10	perishable and a 7 day non-perishable food supply on hand in the kitchen. The knives and sharp objects
11	are kept secured in a kitchen drawer inaccessible to residents. LPA observed the medications are kept
12	locked in a closet adjacent to the dining room. There is a TV in the living room for residents to watch.
13	LPA observed all fire extinguishers are fully charged. LPA and Administrator toured the resident rooms.
14	LPA observed the resident rooms had all the required furnishings and linens. LPA observed all the
15	resident bathrooms were clean and operational. Hot water measured between 105.0 and 106.0 degrees
16	Fahrenheit in all bathrooms. LPA and Administrator toured the backyard. No bodies of water observed.
17	There is shaded seating area with chairs and an umbrella for residents to sit outside. There is a storage
18	shed in the backyard used for old furniture and wheelchairs. The exit gate is operational and self-
19	closing. No obstacles or hazards observed in the backyard. LPA inspected the garage. The garage is
20	used for storage and inaccessible to residents. Smoke detectors/carbon monoxide detectors tested
21	operational. LPA inspected the first aid kit. The first aid kit has all the required elements. LPA reviewed 4
22	staff files no discrepancies observed.
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**NAME OF LICENSING PROGRAM MANAGER:** Sheila Santos

**NAME OF LICENSING PROGRAM ANALYST:** Joseph Alejandro

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 04/04/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 04/04/2025

**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.

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

**FACILITY NAME:** EPIC ASSISTANCE CARE HOME 3

**FACILITY NUMBER:** 306006275

**VISIT DATE:** 04/04/2025

<b>NARRATIVE</b>	
1	LPA reviewed 5 resident files and medications. No discrepancies observed. No deficiencies observed during the visit. No deficiencies are being cited as a result of this visit. An exit interview was conducted and a copy of the report provided.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Sheila Santos
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Joseph Alejandre
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>
<b>DATE:</b> 04/04/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>
<b>DATE:</b> 04/04/2025