

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 306006353  
**Report Date:** 12/20/2024  
**Date Signed:** 12/20/2024 02:53:14 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: COLUMNS CARE HOME	FACILITY NUMBER: 306006353
ADMINISTRATOR/HSI, CATHERINE DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 17332 LAURIE LN	TELEPHONE: (732) 589-4692
CITY: TUSTIN	STATE: CA ZIP CODE: 92780
CAPACITY: 6	CENSUS: 5 DATE: 12/20/2024
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION 12:58 PM
MET WITH: JCathreine HSI	BEGAN: TIME VISIT/ INSPECTION 04:26 PM
	COMPLETED:

NARRATIVE	
1	Licensing Program Analysts (LPA) Samer Haddadin conducted an unannounced visit for the purpose of
2	conducting a required annual inspection. LPA met with Administrator (AD) Catherine HSI and explained
3	the reason of the visit.
4	
5	This facility is a one-story home with 4 residents' bedrooms and two bathrooms and one staff room and
6	one staff restroom. LPA toured the inside and outside of the facility and noted the following:
7	
8	Facility appeared clean, safe, and sanitary. All residents' rooms had required elements, including bed,
9	chair, closet space, and ample lighting. Facility had extra linens and hygiene supplies for all residents.
10	Restrooms were stocked with soap and paper towels. Hot water measured at 106.1 degrees Fahrenheit
11	in both bathrooms. LPAs observed the facility had a two-day supply of perishables and a seven-day
12	supply of non-perishable. LPA observed hallways and walkways were free of obstruction.
13	
14	LPA observed the fire extinguisher was charged based on the arrow pointing into the green zone. The
15	service tag indicated the extinguisher was last serviced on October 9 <sup>th</sup> , 2024. Facility staff tested smoke
16	and carbon monoxide detectors, and all were operational.
17	
18	Chemicals and toxins are locked up in the garage and under the kitchen sink. LPA noted the facility's
19	knives and sharps were secured and locked in a kitchen cabinet. Medication for each resident was kept
20	locked and secured and inaccessible to resident in care.
21	
22	
23	LPA reviewed two residents' files and medications, which no discrepancies were observed. LPA
24	reviewed two staff files. All files of staff and residents contained all required documentation. Upon review
25	of records, the facility is up to date with required quarterly fire drill, which was last conducted on
	November 6th, 2024. The administrator certificate expires on August 28, 2025.

No deficiencies were noted during today's inspection visit. An exit interview was conducted, and a copy of this report was provided to the facility AD.

**NAME OF LICENSING PROGRAM MANAGER:** Alisa Ortiz  
**NAME OF LICENSING PROGRAM ANALYST:** Samer Haddadin  
**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 12/20/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 12/20/2024

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