

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006468
Report Date: 05/22/2026
Date Signed: 05/22/2026 11:23:23 AM

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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:	DEVONSHIRE COTTAGE	FACILITY NUMBER:	306006468
ADMINISTRATOR/ALDIANO, ANNA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	23416 DEVONSHIRE DR	TELEPHONE:	(949) 590-7014
CITY:	LAKE FOREST	STATE: CA	ZIP CODE: 92630
CAPACITY: 6		CENSUS: 5	DATE: 05/22/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	08:18 AM
		BEGAN:	
MET WITH:	Kristine Cedeno	TIME VISIT/	
		INSPECTION	11:40 PM
		COMPLETED:	

NARRATIVE	
1	On May 22, 2026, Licensing Program Analyst (LPA) Garlli Tat conducted an unannounced visit to the facility for the purpose of a required annual inspection. LPA explained the purpose for the visit and was greeted and granted entry by staff on duty. During the visit, staff on duty contacted the administrator-in-training Kristine Cedeno about the visit. Administrator Anna Aldiano was notified via telephone and provided verbal agreement that Kristine can sign the report on her behalf. For this visit, there are two staff members on duty, both of which are background cleared and associated.
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8	The PUB475 'See Something, Say Something' poster was observed to be located near the front entrance. LPA observed that Anna Aldiano has renewed her Administrator certificate on May 21, 2026.
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11	The facility is a Residential Care facility for the Elderly (RCFE) licensed for six residents, five of which may be non-ambulatory, one of which may be bedridden, and a hospice waiver for six. LPA toured the interior and exterior portions of the facility with Kristine. For this visit, there are a total of three non-ambulatory and two ambulatory residents in care, none of which are on hospice, and none are bedridden.
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17	The facility is a two story home. There are a total of five bedrooms, four of which are private resident bedrooms and one is a shared bedroom. LPA toured each bedroom with staff and observed that bedrooms were provided with furniture in good repair, clean linens, adequate storage space, and free of any hazards. LPA observed the second story is kept locked and inaccessible to residents in care. Smoke and carbon monoxide detectors as well as auditory exit alarms were tested and operational. There are a total of three and a half bathrooms. Continued on LIC 809-C.
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Garlli Tat

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/22/2026

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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Created By: Garlli Tat On 05/22/2026 at 10:43 AM
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: DEVONSHIRE COTTAGE

FACILITY NUMBER: 306006468

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/22/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.625(b)(2)	
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Other Provisions

(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation, interview, and record review, two out of three staff (Staff #1 and Staff #2) did not complete the full 20 hours of training annually, which poses a potential health, safety or personal rights risk to persons in care.				
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	POC Due Date: 05/31/2026				
	Plan of Correction				
1	Licensee will ensure all staff complete all 20 hours of required training and submit proof to CCLD by plan of correction due date.				
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	Type B	Section Cited	CCR	87608(a)(3)	

Postural Supports

(a) Based on the individual's preadmission appraisal, and subsequent changes to that appraisal, the facility shall provide assistance and care for the resident in those activities of daily living which the resident is unable to do for himself/herself. Postural supports may be used under the following conditions: (3) A written order from a physician indicating the need for the postural support shall be maintained in the resident's record. The licensing agency shall be authorized to require other additional documentation if needed to verify the order.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation, interview, and record review, the licensee did not have a physician's order for bed rails for Residents #2 and #5, which poses a potential health, safety or personal rights risk to persons in care.				
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	POC Due Date: 05/29/2026				
	Plan of Correction				

1 Licensee will obtain signed physician's order for half rails for Residents #2 and #5 and submit to CCLD
2 by plan of correction due date.
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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:	Garlli Tat
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 05/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 05/22/2026

NARRATIVE	
1	Bathrooms were observed to be in good repair, toilets and faucets were operational and showers were
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5	Facility met the minimum two-day perishable and seven-day non-perishable food supplies. Sharp items and knives were locked in a kitchen cabinet, inaccessible to residents in care. Fire extinguisher was charged, mounted and located in the kitchen. Fire extinguisher was dated and tagged on August 21, 2025. LPA observed all the required postings in the hallway. LPA observed the facility conducted their last emergency disaster drill on March 11, 2026. Facility had back-up emergency food and water supply, located in the garage. LPA observed that the First Aid kit had all the required components. Medications were observed to be locked in a storage room, inaccessible to residents in care. Chemicals were observed to be locked in the garage and underneath the kitchen sink. LPA observed the door leading to the attached two car garage is kept locked and inaccessible to residents in care. The garage is used for storage and laundry.
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15	For the exterior portion, LPA observed patio furniture under shading, and the grounds were free of any hazards or obstructions. There are two exit gates in the backyard that can be opened in case of an emergency. No bodies of water were observed.
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19	During this visit, five resident files and three staff files were reviewed. All staff are background cleared and associated with the facility. LPA reviewed residents' medication and medication records and one resident interview was conducted. The facility has valid liability insurance that expires on June 7, 2026.
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23	Based on today's observations, there are deficiencies being cited per Title 22 of the California Code of Regulations.
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27	An exit interview was conducted with authorized representative. This report was reviewed and a copy was provided at the end of the visit. Appeal Rights were reviewed.
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LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 05/22/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/22/2026