

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006499
Report Date: 06/25/2026
Date Signed: 06/25/2026 03:51:26 PM

Document Has Been Signed on 06/25/2026 03:51 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT	

FACILITY NAME:	A TOUCH OF CARE ASSISTED LIVING VIII	FACILITY NUMBER:	306006499
ADMINISTRATOR/QUE, JUNDITH		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	885 S ESPLANADE ST.	TELEPHONE:	(661) 269-6358
CITY:	ORANGE	STATE: CA	ZIP CODE: 92869
CAPACITY: 6		CENSUS: 5	DATE: 06/25/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	12:45 PM
		BEGAN:	
MET WITH:	June Que - Administrator	TIME VISIT/INSPECTION	04:10 PM
		COMPLETED:	

NARRATIVE	
1	On this day, Licensing Program Analyst (LPA) Andrea Mendivil made an unannounced visit to conduct a required annual visit. LPA was greeted and granted entry into the facility by staff and explained the reason for the visit. Administrator June Que arrived shortly after.
2	
3	
4	
5	The facility is a one-story house and is licensed for six non-ambulatory residents, of which six may be on hospice and zero bedridden. There are a total of four bedrooms and currently there are 5 residents present during today's visit.
6	
7	
8	
9	During today's visit, LPA toured the facility and inspected the physical plant, including but not limited to testing all smoke detectors, testing hot water temperature in two bathrooms. The hot water temperature measured at 159.6 degrees Fahrenheit and all smoke detectors were operational. LPA inspected the facility food supply and observed the facility retained a minimum of two days perishable and seven days non-perishable food on hand. LPA observed unsecured medication storage in the facility dining room. LPA observed an unsecured Nyquil in facility refrigerator.
10	
11	
12	
13	
14	
15	
16	LPA observed shaded area for residents in backyard with ample seating. LPA observed 3 out of 5 residents with rails without physician's order. LPA observed half full egg carton on kitchen counter and not refrigerated. LPA observed staff bedroom in storage shed in facility backyard.
17	
18	
19	
20	
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER:	Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST:	Andrea Mendivil

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/25/2026

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: A TOUCH OF CARE ASSISTED LIVING VIII

FACILITY NUMBER: 306006499
VISIT DATE: 06/25/2026

NARRATIVE	
1	LPA reviewed two out of two staff records, not including training as Administrator stated training records
2	are off site. LPA conducted a complete review of resident records. LPA confirmed that administrator has
3	a current administrator certificate which expires May 29, 2028 .
4	
5	Based on observations made during today's visit deficiencies are being cited per Title 22. A copy of this
6	report, appeal rights were provided to facility representative.
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz	
NAME OF LICENSING PROGRAM ANALYST: Andrea Mendivil	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/25/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/25/2026

Document Has Been Signed on 06/25/2026 03:51 PM - It Cannot Be Edited

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

FACILITY NAME: A TOUCH OF CARE ASSISTED LIVING VIII**FACILITY NUMBER:** 306006499**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 06/25/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87303(e)(2)	
--	--------	---------------	-----	-------------	--

Maintenance and Operation

(2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C).

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation the licensee did not comply with the cited above in 2 out of 2 resident bathrooms as the temperature measured at 159.6. This poses an immediate health and safety risk to persons in care.
2	
3	
4	

POC Due Date: 06/26/2026

	Plan of Correction
1	Administrator lowered water heater and will provide proof to LPA by POC due date.
2	
3	
4	

	Type A	Section Cited	CCR	87307(a)	
--	--------	---------------	-----	----------	--

Personal Accommodations and Services

(a) Living accommodations and grounds shall be related to the facility's function. The facility shall be large enough to provide comfortable living accommodations and privacy for the residents, staff, and others who may reside in the facility. The following provisions shall apply:

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation the licensee did not comply with the cited above as LPA observed a bedroom set up in a shed in the backyard. This poses an immediate health and safety risks to persons in care.
2	
3	
4	

POC Due Date: 06/26/2026

	Plan of Correction
1	Administator stated will remove bedroom items and use shed for storage.
2	
3	
4	

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: Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST: Andrea Mendivil
LICENSING PROGRAM ANALYST SIGNATURE:

**DATE:** 06/25/2026

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

**Document Has Been Signed on 06/25/2026 03:51 PM - It Cannot Be Edited****Created By: Andrea Mendivil On 06/25/2026 at 03:07 PM****Link to Parent Document Below:**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868**FACILITY NAME:** A TOUCH OF CARE ASSISTED LIVING VIII**FACILITY NUMBER:** 306006499**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 06/25/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87309(a)	
--	--------	---------------	-----	----------	--

Storage Space and Access

(a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation Licensee did not comply with the cited above as the cabinet underneath kitchen sink that contains toxins, bathroom in Resident room 2 had unsecured cleaning supplies, facility laundry area was unsecured and contained cleaning supplies. This poses an immediate health and safety risk to persons in care.
2	
3	
4	
	POC Due Date: 06/26/2026
	Plan of Correction
1	Administrator corrected during visit.
2	
3	
4	

	Type A	Section Cited	CCR	87465(h)(2)	
--	--------	---------------	-----	-------------	--

Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored: (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation Licensee did not comply with the cited above as medications cabinet was unsecured and medications were accesible, There was also an unsecured bottle of Nyquil in facility refrigerator. This poses an immediate health and safety risk to persons in care.
2	
3	
4	
	POC Due Date: 06/26/2026
	Plan of Correction
1	Administrator corrected during visit.
2	
3	
4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

Alisa Ortiz

NAME OF LICENSING PROGRAM
MANAGER:
NAME OF LICENSING PROGRAM
ANALYST:
LICENSING PROGRAM ANALYST SIGNATURE:

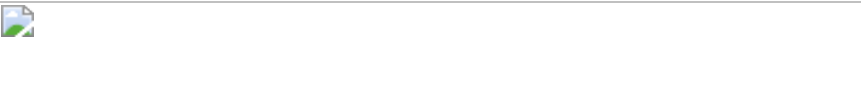
Andrea Mendivil



DATE: 06/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/25/2026

Created By: Andrea Mendivil On 06/25/2026 at 03:07 PM
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: A TOUCH OF CARE ASSISTED LIVING VIII

FACILITY NUMBER: 306006499

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/25/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	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 observations and records reviewed the licensee did not comply with the cited above as 2 residents (R1 and R2) had full rails and 1 resident (R3) had half rails wihtout physcians orders. This poses an immediate health and safety risk to persons in care.				
2					
3					
4					
POC Due Date: 06/26/2026					
Plan of Correction					
1	Administrator removed all rails and will obtain orders for half rails for residents R1, R2, and R3 by POC due date.				
2					
3					
4					
Section Cited					
Deficient Practice Statement					
1					
2					
3					
4					
POC Due Date:					
Plan of Correction					

1	
2	
3	
4	

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:	Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST:	Andrea Mendivil
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 06/25/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 06/25/2026

Created By: Andrea Mendivil On 06/25/2026 at 03:07 PM
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: A TOUCH OF CARE ASSISTED LIVING VIII

FACILITY NUMBER: 306006499

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/25/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87412(g)	
Personnel Records					
(g) All personnel records shall be maintained at the facility.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation and records reviewed the licensee did not comply with the cited above in 2 out of 2 staff members. Administrator stated staff training are off site, this poses a potential health and safety risk to persons in care,				
2					
3					
4					
	POC Due Date: 07/01/2026				
	Plan of Correction				
1	Administrator to send all staff training records to LPA by POC due date.				
2					
3					
4					
	Type B	Section Cited	CCR	87555(b)(23)	

General Food Service Requirements					
(23) All readily perishable foods or beverages capable of supporting rapid and progressive growth of micro-organisms which can cause food infections or food intoxications shall be stored in covered containers at appropriate temperatures.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				

1	Based on observation the licensee did not comply with the cited above as there was eggs left out of the refrigerator and left on kitchen counter (photos taken). This poses a potential health and safety risk to persons in care.
2	
3	
4	
	POC Due Date: 06/26/2026
	Plan of Correction
1	Administrator threw away food.
2	
3	
4	

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:	Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST:	Andrea Mendivil
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 06/25/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 06/25/2026