

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 300600816
Report Date: 10/04/2022
Date Signed: 10/04/2022 11:35:13 AM

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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: ROWNTREE GARDENS	FACILITY NUMBER: 300600816
ADMINISTRATOR: CLAUDIA LUSCA-BORCSA	FACILITY TYPE: 741
ADDRESS: 12151 DALE STREET	TELEPHONE: (714) 530-9100
CITY: STANTON	STATE: CA ZIP CODE: 90680
CAPACITY: 280	CENSUS: 202 DATE: 10/04/2022
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED TIME BEGAN: 11:00 AM
MET WITH: Claudia Lusca	TIME COMPLETED: 11:45 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Jerome Haley conducted an unannounced case management visit at
2	Rowntree Gardens. LPA Haley was greeted upon entering the facility and explained the reason for
3	today's visit. LPA Haley met with Administrator (AD) Claudia Lusca.
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5	The purpose of today's visit was to conduct a Case Management visit to discuss an Unusual Incident
6	Report (LIC624) that was sent to the Orange County Adult and Senior Care Program Regional Office
7	September 28, 2022 that involved Staff 1 (S1).
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9	During the visit LPA Haley received copies of S1's Medication Training Certificates, Certificate log, and
10	In-Service Training Tracking Log.
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12	No deficiencies are being cited during today's Case Management visit. An exit interview was conducted
13	and a copy of this report and LIC 811 was provided.
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NAME OF LICENSING PROGRAM MANAGER: Luz Adams
NAME OF LICENSING PROGRAM ANALYST: Jerome Haley

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/04/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/04/2022

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