

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 300600816
Report Date: 11/18/2025
Date Signed: 11/21/2025 04:58:08 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
FACILITY EVALUATION REPORT	

FACILITY NAME:	ROWNTREE GARDENS	FACILITY NUMBER:	300600816
ADMINISTRATOR/CLAUDIA LUSCA-BORCSA		FACILITY TYPE:	741
DIRECTOR:			
ADDRESS:	12151 DALE STREET	TELEPHONE:	(714) 530-9100
CITY:	STANTON	STATE: CA	ZIP CODE: 90680
CAPACITY: 280		CENSUS: 176	DATE: 11/18/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	08:00 AM
		BEGAN:	
MET WITH:	Claudia Lusca	TIME VISIT/INSPECTION	03:20 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Jerome Haley conducted an unannounced visit for the purpose of conducting a required annual inspection. LPA was greeted, granted entry by staff and explained the reason for the visit. Administrator (AD) Claudia Lusca was called and arrived a short time later and was present the remainder of the inspection.
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5	During the visit, random resident rooms were inspected, and hot water temperatures were measured. All resident rooms that were inspected were clean, well organized, and had all the necessary requirements: night stand, chair, lamps/lights and storage space. Resident bathrooms were clean and organized. All grab bars were tightly secured to the wall. Hot water temperatures were recorded in the range of 111.5 – 118.4 degrees Fahrenheit.
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9	The kitchen was clean and well organized. LPA Haley observed temperature logs on all the refrigerators. The facility has a two-day supply of perishable food items and seven-day supply of nonperishable food items.
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13	The exterior portion of the facility was clean, and well organized. LPA Haley observed plenty of shaded areas with tables and chairs. Walkways were clean, clear, and free of obstruction. No bodies of water were observed.
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17	The facility conducts various emergency evacuation drills, the last evacuation drill was conducted in May 2025, and a Fire evacuation drill was conducted in August 2025.
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21	During the tour fire extinguishers were observed mounted on the walls in different areas of the facility, and smoke detectors were observed in all the resident rooms that were randomly inspected.
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25	Continued on LIC809C

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



DATE: 11/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/18/2025

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

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
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100
	ORANGE, CA 92868

FACILITY NAME: ROWNTREE GARDENS	FACILITY NUMBER: 300600816
	VISIT DATE: 11/18/2025

NARRATIVE	
1	Tri Signal Integration INC conducts a quarterly Fire Alarm Life Safety System Inspection. The last
2	inspection was conducted in October 2025.
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4	Annuals fees are paid. Facility contact information was reviewed and confirmed. 18 staff files were
5	reviewed, and 15 resident files were reviewed during the visit. 10 resident medications were reviewed,
6	no discrepancies were noted, and 3 resident interviews were conducted.
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8	No deficiencies are being cited during today's visit. An exit interview was conducted, and a copy of the
9	report was provided.
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NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya	
NAME OF LICENSING PROGRAM ANALYST: Jerome Haley	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 11/18/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 11/18/2025