

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 300600816
Report Date: 07/30/2026
Date Signed: 07/30/2026 05:15:05 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: 163	DATE: 07/30/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	08:00 AM
		BEGAN:	
MET WITH:	Claudia Lusca, Kerri Clark	TIME VISIT/INSPECTION	05:00 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Michael Tea conducted an unannounced Annual Required inspection
2	of the facility. LPA Tea was greeted by staff, granted entry, and explained the purpose of the visit.
3	Community Care Administrator (CCA) Claudia Lusca and Chief Operations Officer (COO) Kerri Clark
4	arrived shortly and assisted with the inspection. The facility is licensed to serve 264 non-ambulatory
5	residents and has an approved hospice waiver for 15 residents. At the time of the inspection, there were
6	163 residents in care, including five residents receiving hospice services.
7	
8	LPA reviewed sixteen resident files and seven staff files. All files contained the required documentation.
9	The Administrator's Certificate was current and is valid through January 22, 2028.
10	
11	LPA, accompanied by facility management, conducted a tour of the physical plant. The RCFE consists
12	of two three-story residential buildings serving assisted living and independent living residents, and one
13	secured single-story memory care building. The facility's fire alarm system is monitored and maintained
14	by Tri-Signal Integration, Inc., with the most recent inspection completed on June 9, 2026. Fire
15	extinguishers throughout the facility were fully charged. The most recent disaster drill was conducted on
16	July 14, 2026. LPA also observed evacuation chairs located in each stairwell for emergency use.
17	
18	Resident bedrooms were clean and appropriately furnished with beds, linens, adequate closet and
19	drawer space, and other required furnishings. Bathrooms were clean and in good repair. Toilets, sinks,
20	and showers were operational, grab bars were securely installed, and showers were free of mold and
21	mildew. Hot water temperatures measured between 105.6°F and 115.9°F, which are within the required
22	range.
23	
24	(Annual Inspection continued on LIC809-C)
25	

DATE: 07/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/30/2026

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 III, 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: 07/30/2026

NARRATIVE	
1	LPA tested the facility's emergency response system by activating emergency call pendants in resident
2	bathrooms. Staff responded within four minutes. LPA also tested resident personal emergency
3	pendants, and staff responded within two minutes.
4	
5	Common areas were clean, well-maintained, and free of hazards. Hallways, exits, and doorways were
6	unobstructed. The kitchen and dining areas were inspected and found to be clean and sanitary. A
7	sufficient supply of perishable and non-perishable food was available to meet residents' needs.
8	
9	Outdoor areas were inspected and found to be safe and well-maintained. The facility provides multiple
10	patio areas furnished with tables, chairs, benches, and umbrellas for resident use. The secured memory
11	care courtyard offers additional outdoor space, including raised garden planters where residents may
12	participate in gardening activities. LPA observed emergency food and water supplies stored in the
13	basement levels of one of the residential buildings. During the visit, LPA observed residents participating
14	in a bingo activity. Facility management stated that a variety of recreational and social activities are
15	offered daily, and the activity schedule was posted throughout the facility.
16	
17	LPA reviewed medication storage and administration practices. Medications were securely stored in
18	locked medication carts located in the medication room. Medication administration records and
19	observations indicated medications were being administered in accordance with physician's orders.
20	
21	LPA interviewed residents regarding the quality of care and services provided and spoke with staff
22	regarding resident care and facility operations.
23	
24	Based on observations made, records reviewed, and interviews conducted during today's inspection, no
25	deficiencies were cited in the areas inspected pursuant to Title 22, Division 6 of the California Code of
26	Regulations.
27	
28	An exit interview was conducted with Chief Operations Officer Kerri Clark. A copy of this report was
29	provided to the facility along with copies of LIC 858, LIC 858C, and LIC 859.
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya	
NAME OF LICENSING PROGRAM ANALYST: Michael Tea	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/30/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/30/2026