

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306001145
Report Date: 05/06/2022
Date Signed: 05/06/2022 02:37:56 PM

Document Has Been Signed on 05/06/2022 02:37 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: MEADOWLARK GARDENS V	FACILITY NUMBER: 306001145
ADMINISTRATOR: WILKES, CHRISTINE M.	FACILITY TYPE: 740
ADDRESS: 17342 ZEIDER LANE	TELEPHONE: (714) 840-1776
CITY: HUNTINGTON BEACH	STATE: CA
CAPACITY: 6	ZIP CODE: 92647
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: House Manager, Sharon Pajarillaga and Administrator Sarah Wilkes	DATE: 05/06/2022
	UNANNOUNCED TIME BEGAN: 01:09 PM
	TIME COMPLETED: 02:45 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Jenifer Tirre conducted an unannounced visit for the purpose of
2 conducting a required annual visit. LPA was greeted, granted entry into the facility by Staff and
3 explained the reason for the visit.
4
5 At 1:20 PM LPA toured the facility with Caregiver Julieta Salo. During visit House Manager Sharon
6 Pajarillaga and Administrator Sarah Wilkes arrived during visit. Facility is a 6 bedroom, (5 resident
7 bedrooms 1 staff bedroom) and 2 bathroom single story home. There are 6 Residents in care. LPA
8 observed proper Covid signage at front entrance of facility as well as a sign in, sanitization and
9 temperature check station. Facility has required Department postings. LPA observed copy of
10 Administrators Certificate expiring 9/7/2023. LPA toured all Residents rooms, all rooms where within
11 regulations. All restrooms observed contained soap, toilet paper, paper towels and a working water
12 basin. Restrooms had proper hand washing signs posted. Residents were observed relaxing in the
13 Living room watching TV. Facility has smoke detectors, carbon monoxide detector and audible alarms
14 for each sliding door entrance/exit. Facility has 1 fire extinguisher which is mounted and fully charged.
15 Facility has emergency food and water supply. Facility has supply of PPE. Facility has required
16 Emergency Disaster Plan posted. Facility has a secured location for resident medication and files.
17 Facility has 30 days supply of medications for residents. LPA reviewed residents files during visit. LPA
18 reviewed 6 of 6 resident files. Residents emergency contact information and Physicians reports are
19 current. Facility has several designated visitation areas.
20
21 No deficiencies noted during todays visit. An exit interview was conducted with House Manager and
22 Administrator. A copy of report was left at facility.
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST: Jenifer Tirre

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/06/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/06/2022

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