

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306002886
Report Date: 07/27/2023
Date Signed: 07/27/2023 09:57:42 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: MEADOWLARK GARDENS I	FACILITY NUMBER: 306002886
ADMINISTRATOR:CHRISTINE WILKES	FACILITY TYPE: 740
ADDRESS: 5912 MIDIRON CIRCLE	TELEPHONE: (714) 840-1776
CITY: HUNTINGTON BEACH STATE: CA	ZIP CODE: 92649
CAPACITY: 6 CENSUS: 6	DATE: 07/27/2023
TYPE OF VISIT: Case Management - Deficiencies UNANNOUNCED	TIME BEGAN: 09:46 AM
MET WITH: Maria Jalbuna and Christine Wilkes	TIME COMPLETED: 10:15 AM

NARRATIVE

1 Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced case management visit
2 in conjunction with complaint visit 22-AS-20230718163630. LPA was greeted and granted entry into the
3 facility and explained the reason for the visit.
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5 During the investigation for complaint #22-AS-20230718163630, LPA observed facility did not submit a
6 copy of the eviction notice for Resident 1 to Licensing as required.
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18 Based on the observations made during today's visit, the following violation is being cited per California
19 Code of Regulations, Title 22, Division 6, Chapter 8. An exit interview was conducted and a copy of this
20 report as well as appeal rights were discussed and provided with facility representative.
21
22
23
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25

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/27/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/27/2023

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

LIC809 (FAS) - (06/04)

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Created By: Kimberly Lyman On 07/25/2023 at 11:39 AM

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: MEADOWLARK GARDENS I

FACILITY NUMBER: 306002886

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/27/2023

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 08/10/2023 Section Cited	1 A written report of any eviction shall 2 be sent to the licensing agency within 3 five (5) days. This requirement has 4 not been met as evidenced by: 5 6 7		
	8 Based on record review, Licensee 9 failed to ensure a copy of the eviction 10 notice for Resident 1 was submitted 11 to Licensing within 5 days of 12 issuance. This poses a potential 13 health and safety risk to residents in 14 care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 7		

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

SUPERVISOR'S NAME:	Alisa Ortiz
LICENSING EVALUATOR NAME:	Kimberly Lyman

LICENSING EVALUATOR SIGNATURE:



DATE: 07/27/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/27/2023