

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306002886

Report Date: 07/27/2023

Date Signed: 07/27/2023 09:57:02 AM

Substantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/18/2023** and conducted by Evaluator Kimberly Lyman

	COMPLAINT CONTROL NUMBER: 22-AS-20230718163630
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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
MET WITH: Maria Jalbuna	UNANNOUNCED TIME BEGAN: 08:55 AM
	TIME COMPLETED: 09:45 AM

ALLEGATION(S):

1	Unlawful eviction
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced complaint visit to initiate
2	an investigation into the above allegation. LPA was greeted and granted entry into the facility and
3	explained the reason for the visit. Ombudsman Diane Stalder was present as well. House managers
4	Sharon Pajarillaga and Mary Ann Kuvet arrived during the visit as well as Administrator Christine Wilkes.
5	During the course of the investigation, LPA interviewed staff and witnesses as well as reviewed and
6	obtained pertinent documentation such as eviction notice. Regarding the allegation of unlawful eviction,
7	the investigation revealed the following: On 06/30/2023, facility provided a thirty day eviction notice to
8	Resident 1 (R1)'s family. Eviction notice noted that facility was unable to meet the resident's needs.
9	Facility provided no documentation of the inability to meet the resident's needs nor the required
10	department language for an eviction notice. On 07/26/2023, LPA received notice of rescinded eviction
11	from Licensee. LPA provided a copy of eviction regulations to House Managers/ Licensee during the visit.
12	The preponderance of evidence standard has been met, therefore the above allegation is found to be
13	SUBSTANTIATED. CONTINUED ON LIC 9099C DATED 07/26/202.

Substantiated	Estimated Days of Completion:
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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
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This report must be available at Child Care and Group Home facilities for public review for 3 years.
 LIC9099 (FAS) - (06/04) Page: 1 of 3
Control Number 22-AS-20230718163630

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
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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 07/27/2023 Section Cited CCR 87224(d)	1 The licensee shall set forth in the notice 2 to quit the reasons relied upon for the 3 eviction with specific facts to permit 4 determination of the date, place, 5 witnesses, and circumstances 6 concerning those reasons. This req is 7 not being met as evidenced by:	1 Licensee provided a rescind notice to 2 LPA/ family on 07/26/2023. Citation 3 cleared. 4 5 6 7
	8 Based on record review, Licensee failed 9 to ensure the facts for the reason for 10 eviction was provided in the eviction 11 notice. Eviction notice is missing 12 specific facts as well as required 13 department verbiage. This poses a 14 potential health and safety risk to residents in care.	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	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.

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz	
NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/27/2023

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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/27/2023
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Control Number 22-AS-20230718163630

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FACILITY NAME: MEADOWLARK GARDENS I

FACILITY NUMBER: 306002886

VISIT DATE: 07/27/2023

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	The following citation is being cited per California Code of Regulations, (Title 22, Division 6, Chapter 8) on the attached LIC 9099D. An exit interview was conducted with facility representative and a copy of this report was provided as well as appeal rights.

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman LICENSING PROGRAM ANALYST SIGNATURE: _____	DATE: 07/27/2023
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: _____	DATE: 07/27/2023
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