<meta name="robots" content="noindex">

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306002886
Report Date: 06/29/2026
Date Signed: 06/29/2026 01:31:05 PM

Document Has Been Signed on 06/29/2026 01:31 PM **- It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868

FACILITY NAME:	MEADOWLARK GARDENS I		FACILITY NUMBER:	306002886
ADMINISTRATOR/ DIRECTOR:	CHRISTINE WILKES		FACILITY TYPE:	740
ADDRESS:	5912 MIDIRON CIRCLE		TELEPHONE:	(714) 840-1776
CITY:	HUNTINGTON BEACH	STATE: CA	ZIP CODE:	92649
CAPACITY: 6		CENSUS: 5	DATE:	06/29/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	11:00 AM
MET WITH:	Ronald Wilkes - Licensee/Administrator		TIME VISIT/ INSPECTION COMPLETED:	01:45 PM

NARRATIVE

On June 29, 2026, Licensing Program Analyst (LPA) Eboni Bentley conducted an unannounced required 1-Year annual visit using the CARE Inspection Tool. Upon arrival at the facility, LPA Bentley introduced self and was granted entry into the facility by staff, after stating the purpose of the visit. Administrator (AD) Ronald Wilkes was present and assisted with the inspection. Ronald Wilkes has an administrator certificate that expires on September 7, 2027.

The facility is licensed to operate for six (6) non-ambulatory residents, with a Hospice waiver for four (4) residents. The building is a single-story home located in a residential neighborhood. It consists of the following: six (6) resident bedrooms, one (1) staff bedroom, three (3) full bathrooms, living room area, dining area, kitchen, an outdoor covered seating area, and an attached two car garage. There are currently five (5) resident on census.

During the visit, LPA toured inside and outside of the physical plant with AD and the following was observed. There were no bodies of water or obstructions on the premises. All rooms were inspected. Beds and bedding supplies were in good condition, storage for each resident's personal belongings was observed. Bed linens, comforters, and bath towels were adequately stocked at the time of visit. A comfortable temperature of 70 degrees F was maintained in the facility. Bathrooms were found to be clean and operational with water temperatures measured between 114 degrees F and 114.8 degrees F. The kitchen was observed clean with all appliances in working order.

CONTINUE TO LIC 809-C....

NAME OF LICENSING PROGRAM MANAGER: Kevin Saborit-Guasch
NAME OF LICENSING PROGRAM ANALYST: Eboni Bentley

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/29/2026

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 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 **FACILITY EVALUATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868

FACILITY NAME: MEADOWLARK GARDENS I **FACILITY NUMBER:** 306002886

VISIT DATE: 06/29/2026

NARRATIVE

The smoke alarms and carbon monoxide detectors were operable. First aid kit is maintained and contains all the necessary elements. Emergency safety drills were last conducted on April 22, 2026. The facility has one (1) fire extinguisher that was charged and last serviced on September 9, 2025. Emergency food, emergency water, or emergency supplies were observed. Current Liability Insurance was provided during the visit with a policy start date of July 11, 2025, through July 11, 2026. A working telephone (714)916-0529 remains available and the facility has a device that can be used for video teleconference purposes.

LPA conducted an audit of five (5) resident files (R1-R5), four (4) staff files (S1-S4), and medication and medication administration review. Resident and staff interviews were conducted.

Based on today's observations, no deficiencies are being cited.

An exit interview was conducted, and a copy of this report provided to Administrator Ronald Wilkes at exit.

NAME OF LICENSING PROGRAM MANAGER: Kevin Saborit-Guasch
NAME OF LICENSING PROGRAM ANALYST: Eboni Bentley
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 06/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/29/2026