

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306002888

Report Date: 06/18/2024

Date Signed: 06/18/2024 12:40:50 PM

Document Has Been Signed on 06/18/2024 12:40 PM - It Cannot Be Edited

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:	MEADOWLARK GARDENS III	FACILITY NUMBER:	306002888
ADMINISTRATOR/CHRISTINE WILKES DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	6102 CORNELL DRIVE	TELEPHONE:	(714) 840-1776
CITY:	HUNTINGTON BEACH	STATE: CA	92647
CAPACITY:	6	CENSUS:	6
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	06/18/2024
		INSPECTION	08:50 AM
MET WITH:	Administrator Ron Wilkes	BEGAN:	
		TIME VISIT/	12:50 PM
		INSPECTION	
		COMPLETED:	

NARRATIVE	
1	On 6/18/2024, Licensing Program Analyst (LPA) Jenifer Tirre conducted an unannounced required visit using the CARE Inspection Tool. LPA was greeted by House Manager and granted entry after stating the purpose of the visit. Administrator Ron Wilkes was present to assist with the facility inspection on today's date.
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6	The facility is licensed for six (6) non-ambulatory residents with approved hospice waiver for four (4) residents. Currently, there are zero (0) Hospice residents present during today's visit.
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9	This is a single story with detached two-car garage facility. The facility has seven bedrooms (six resident rooms and one staff room) and two bathrooms.
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12	At around 9:15AM, LPA conducted a tour of the physical plant accompanied by House Manager and the following was observed: There were no bodies of water on the premises. All rooms were inspected.
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22	LPA observed the facility to be furnished at the time of the visit. Storage areas for personal hygiene and sharps objects were stored and not accessible to residents. The kitchen was inspected, and sufficient perishable and non-perishable food was maintained adequately. LPA observed kitchen stove, microwave and toaster oven were operational. A fire extinguisher was charged and mounted. A review of the Medication Records Administration (MAR) was conducted, and LPA observed the records are in compliance.
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CONTINUED ON 809C

NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya

NAME OF LICENSING PROGRAM ANALYST: Jenifer Tirre

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/18/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/18/2024

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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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 III

FACILITY NUMBER: 306002888

VISIT DATE: 06/18/2024

NARRATIVE

1 During the visit, LPA observed the facility's infection control practices. LPA observed screening protocols
2 for visitors, staff, and residents, and sanitizing stations in common areas and restrooms. LPA observed
3 the facility has supply of Personal Protective Equipment (PPE).
4
5 LPA observed First Aid Kit was maintained. A working landline phone was operational. The last fire drill
6 was conducted on 11/16/2023. The facility has operational smoke and carbon monoxide detectors in
7 bedrooms and common areas. The facility has current liability insurance on file effective 7/11/2023-
8 7/11/2024. The facility is current on Community Care Licensing annual dues.
9
10 A review of six residents (R1-R6) service files and two staff (S1-S2) personnel files revealed to be
11 complete. The facility has the current administrator's certification on file for Christine Wilkes #
12 6005396740 - Expiration 07/16/2025.
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14 No deficiencies during this inspection visit.
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16 An exit interview was conducted with Administrator Wilkes, and a copy of the report was provided.
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NAME OF LICENSING PROGRAM ANALYST: Jenifer Tirre

LICENSING PROGRAM ANALYST SIGNATURE:

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