

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306002888
Report Date: 05/27/2022
Date Signed: 05/27/2022 11:35:57 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 III	FACILITY NUMBER: 306002888
ADMINISTRATOR:CHRISTINE WILKES	FACILITY TYPE: 740
ADDRESS: 6102 CORNELL DRIVE	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, Administrators Ron Wilkes and Sarah Wilkes	DATE: 05/27/2022
	UNANNOUNCEDTIME BEGAN: 10:27 AM
	TIME COMPLETED: 11:45 AM

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 House Manager
3	Sharon Pajarillaga and explained the reason for the visit.
4	
5	During the visit LPA toured the facility with House Manager. Facility is a 7 bedroom,(6 resident
6	bedrooms 1 staff bedroom) and 2 bathrooms single story home. There are 6 Residents in care. During
7	visit Administrators Ron Wilkes and Sarah Wilkes arrived at facility. LPA observed proper covid signage
8	at front entrance of facility as well as a sign in, sanitization and temperature check station. Facility has
9	required Department postings. LPA observed copy of Administrators Certificate expiring 9/7/2023 and
10	11/5/2023. LPA toured all Residents rooms, all rooms where within regulations. All restrooms observed
11	contained working was basin, soap, toilet paper, and paper towels. Restrooms had proper hand washing
12	signs posted. Residents were observed relaxing in the Living room watching TV and relaxing in
13	bedrooms. Facility has operating smoke detectors, carbon monoxide detector and audible alarms for
14	each sliding door entrance/exit. Facility has 1 fire extinguisher which is fully charged. Facility has 30 day
15	supply of PPE. Facility has refrigerator with ample food supply. LPA observed facility has emergency
16	food and water supply. Facility has required Emergency Disaster Plan posted. Facility has a secured
17	location for resident medication and files. Facility has 30 days supply of medications for Residents. LPA
18	reviewed Residents files during visit. LPA observed 6 of 6 resident files. Residents emergency contact
19	information and Physicians reports are 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	Administrators. 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: 05/27/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/27/2022

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