

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306002889
Report Date: 06/08/2022
Date Signed: 06/09/2022 08:53:57 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 IV		FACILITY NUMBER: 306002889
ADMINISTRATOR:CHRISTINE WILKES		FACILITY TYPE: 740
ADDRESS: 16351 SARATOGA LANE		TELEPHONE: (714) 840-1776
CITY: HUNTINGTON BEACH	STATE: CA	ZIP CODE: 92649
CAPACITY: 6	CENSUS: 6	DATE: 06/08/2022
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN: 11:58 AM
MET WITH: Christine Wilkes Licensee		TIME COMPLETED: 01:22 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Shobhana Frank made an unannounced visit to the facility today to
2	conduct required 1 year inspection. During today's visit, LPA met with Christine Wilkes Licensee and
3	explain the purpose of today's visit. LPA Frank toured the facility, inspected resident rooms and
4	bathrooms, reviewed resident and staff records. LPA Frank reviewed centrally stored medications and
5	records, reviewed food services, and inspected the kitchen.
6	In addition, LPA Frank tested the hot water temperature, which measured 108.2 degrees F in resident
7	bathroom. Resident areas were noted to be a comfortable temperature.
8	Smoke detectors and carbon monoxide detectors were tested and found to be operational. The facility
9	also has fire extinguisher that was mounted and charged. LPA Frank confirmed food supply: 2 day
10	supply of perishables and 7 day supply of non-perishable food is available for the number of residents
11	present. Hygiene supplies and supply of linen were observed in quantities for the number of residents in
12	care. LPA observed locked areas for toxins and hazardous items. Medication were observed locked in
13	cabinet.
14	LPA observed COVID - visitation station equipped with hand sanitizer, thermometer, Gloves, visitors log,
15	COVID posters throughout the facility. LPA observe the facility to be clean and in good repair. Physical
16	Plant and Safety of Environment/Operational Requirements.
17	LPA Frank reviewed : 1.) Designation of Administrative Responsibility (LIC308) 2.) Personnel Report
18	(LIC500); 3.) Emergency Disaster Plan (LIC610E); 4.) LIC 9020A Client Roster; LIC 808) Mitigation
19	Plan; Current Liability Insurance.
20	
21	Based on the observations made during today's visit, no deficiencies are being cited in area inspected.
22	This report was discussed with the facility representative and a copy was provided.
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero
NAME OF LICENSING PROGRAM ANALYST: Shobhana Frank

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/08/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/08/2022

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