

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 306002889

Report Date: 11/25/2025

Date Signed: 11/25/2025 01:24:27 PM

Document Has Been Signed on 11/25/2025 01:24 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	MEADOWLARK GARDENS IV	FACILITY NUMBER:	306002889
ADMINISTRATOR/DIRECTOR:	CHRISTINE WILKES	FACILITY TYPE:	740
ADDRESS:	16351 SARATOGA LANE	TELEPHONE:	(714) 840-1776
CITY:	HUNTINGTON BEACH	STATE:	CA
CAPACITY:	6	ZIP CODE:	92649
TYPE OF VISIT:	Required - 1 Year	CENSUS:	6
		DATE:	11/25/2025
		UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 10:32 AM
		INSPECTION	COMPLETED: 01:37 PM
MET WITH:	Ron Wilkes		

### NARRATIVE

1 On this day Licensing Program Analyst (LPA) Fred Arias made an unannounced visit to conduct a  
2 required annual visit. LPA was greeted and granted entry into the facility by staff and explained the  
3 reason for the visit. Facility is licensed for 6 non-ambulatory residents. Facility has an approved hospice  
4 waiver for 4 residents and the home currently has 6 residents, with 2 residents on hospice. Administrator  
5 (AD) Ron Wilkes arrived shortly to assist with the visit.  
6  
7 LPA along with staff toured the facility at 10:40 AM. LPA toured the physical plant, checked food service,  
8 and facility documentation. The home consists of 5 resident bedrooms, staff room, living room, dining  
9 room, kitchen, 4 bathrooms, along with an attached garage. Resident bedrooms had the required  
10 furniture, bed linens and closet/drawer space to accommodate each resident comfortably. Resident  
11 bathrooms were checked. Toilets and water faucets worked properly, grab bars were secure and shower  
12 was free of mold/mildew. Water temperature measured between 115.5 degrees F and 117.8 degrees F  
13 in all bathrooms. Resident bath towels, toiletries and personal hygiene supplies were adequately  
14 stocked. Common areas were clean and clear of hazards. Auditory exit alarms were operational during  
15 today's visit. Perishable and non-perishable food supply was checked and adequately stocked at time of  
16 visit. Kitchen appliances were operational during today's visit. Smoke detectors tested operational  
17 during today's visit. Fire extinguishers were fully charged. LPA reviewed the infection control and  
18 emergency disaster plans and plans are complete and thorough. Facility conducts quarterly emergency  
19 drills. Outside grounds were toured. Walkways around the home were clear of hazards. There is shaded  
20 outdoor seating for residents. Exit gates are unlocked and operational. LPA observed the emergency  
21 food and water supply stored in the garage. LPA observed sharps stored in a locked cabinet in the  
22 garage. First aid kit contained all required items including tweezers, scissors and thermometer. Facility  
23 conducts activities in the form of exercise. LPA reviewed six resident files and two staff files. Continued  
24 on LIC809-C dated 11/25/2025  
25

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz

NAME OF LICENSING PROGRAM ANALYST: Fred Arias

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/25/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/25/2025

**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 III, 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  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
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**FACILITY NAME:** MEADOWLARK GARDENS IV

**FACILITY NUMBER:** 306002889

**VISIT DATE:** 11/25/2025

<b>NARRATIVE</b>	
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	<p>All resident files contained required documentation including admission agreements, physician reports, and resident appraisals. Staff files reviewed contained required documentation including required annual training, medical assessment, criminal record clearance and proof of CPR training. LPA reviewed medication storage and administration. Medications are stored in a locked cabinet. Medications are being administered per physician order.</p> <p>Based on the observations made during today's visit, no deficiencies are being cited per Title 22 Division 6 of the California Code of Regulations. This report was discussed with the facility representative and a copy was provided.</p>

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Alisa Ortiz	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Fred Arias	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 11/25/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 11/25/2025
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