

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306003397
Report Date: 02/19/2026
Date Signed: 02/19/2026 10:41:20 AM

Document Has Been Signed on 02/19/2026 10:41 AM - 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:	BELMONT GUESTS RETREAT I	FACILITY NUMBER:	306003397
ADMINISTRATOR/ELIZABETH MULLINS		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(714) 970-0247
ADDRESS:	6541 FAIRLYNN BLVD.	ZIP CODE:	92886
CITY:	YORBA LINDA	STATE:	CA
CAPACITY:	6	CENSUS:	2
TYPE OF VISIT:	Required - 1 Year	DATE:	02/19/2026
		UNANNOUNCED TIME VISIT/	
		INSPECTION	08:30 AM
		BEGAN:	
MET WITH:	Administrator- Elizabeth Mullins	TIME VISIT/	
		INSPECTION	11:00 AM
		COMPLETED:	

NARRATIVE	
1	On February 19, 2026, at 8:30 AM, Licensing Program Analyst (LPA) Edward Kim conducted an
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6	The facility is licensed to operate for six (6) nonambulatory residents, of which 1 may be bedridden, and
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11	LPA Kim toured inside and outside of the physical plant with ADMIN Mullins. There were no bodies of
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21	Evaluation Report Continues on LIC 809-C
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NAME OF LICENSING PROGRAM MANAGER:	Lourdes Montoya
NAME OF LICENSING PROGRAM ANALYST:	Edward Kim

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/19/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: BELMONT GUESTS RETREAT I	FACILITY NUMBER: 306003397
	VISIT DATE: 02/19/2026

NARRATIVE	
1	LPA Kim observed the facility to be appropriately furnished at the time of visit. Storage areas for
2	personal hygiene, cleaning supplies, toxins, and sharps objects were stored and not accessible to
3	residents. The kitchen was inspected and there is a two-day supply of perishable and seven-day supply
4	of non-perishable food both were available and maintained properly. Emergency food, emergency water,
5	and emergency supplies are stored in the garage.
6	
7	During the visit, LPA Kim observed the facility's infection control practices, plan of operation, and
8	screening protocols for visitors, staff, and residents. LPA observed the facility has a 30-day supply of
9	Personal Protective Equipment (PPE) in the shed in the backyard. All mandated inspection control
10	posters were posted. The smoke detectors and carbon monoxide detectors were operable. A working
11	telephone (714-970-0247) and video teleconferencing mobile telephone dedicated to the residents both
12	remain available. Last emergency drill was conducted on December 27, 2025, and are conducted
13	quarterly. First aid kit is maintained and contains all the necessary elements. The facility has two (2) fire
14	extinguisher that are charged and mounted in the resident hallway, and were last inspected on January
15	26, 2026. Certificate of Liability of Insurance is effective from April 9, 2025 to April 9, 2026.
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17	LPA Kim conducted an audit of resident files (R1-R2), staff files (S1-S2), and medication and medication
18	administration record were in all in order and complete. LPA Kim conducted two (2) staff interviews.
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20	No deficiencies were cited during this visit.
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23	An exit interview was conducted, and a copy of this report was provided to Administrator Elizabeth
24	Mullins.
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NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya	
NAME OF LICENSING PROGRAM ANALYST: Edward Kim	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 02/19/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/19/2026