

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 306004331  
Report Date: 05/27/2022  
Date Signed: 05/27/2022 09:41:06 AM

Document Has Been Signed on 05/27/2022 09:41 AM - It Cannot Be Edited

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: MEADOWLARK GARDENS VII	FACILITY NUMBER: 306004331
ADMINISTRATOR:CHRISTINE AND RON WILKES	FACILITY TYPE: 740
ADDRESS: 9401 NAUTILUS DRIVE	TELEPHONE: (714) 840-1776
CITY: HUNTINGTON BEACH STATE: CA	ZIP CODE: 92646
CAPACITY: 6 CENSUS:	DATE: 05/27/2022
TYPE OF VISIT: Required - 1 Year	UNANNOUNCEDTIME BEGAN: 08:07 AM
MET WITH: House Manager, Sharon Pajarillaga and Administrator Ron Wilkes	TIME COMPLETED: 09:50 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 staff and
3	explained the reason for the visit.
4	
5	During the visit LPA toured the facility with Caregiver. Facility is a 7 bedroom,( 6 resident bedrooms 1
6	staff bedroom), 2 Full bathrooms and 6 half bathrooms single story home. There are 6 Residents in
7	care. During visit House Manager Sharon Pajarillaga and Administrator Ron Wilkes arrived at facility.
8	LPA observed proper covid signage at front entrance of facility as well as sign in, sanitization and
9	temperature check station. Facility has required Department postings. LPA observed copy of
10	Administrators Certificate expiring 11/5/2023. LPA toured all Residents rooms, all rooms where within
11	regulations. All restrooms observed contained soap, toilet paper, and paper towels. Restrooms had
12	proper hand washing signs posted. Residents were observed relaxing eating in Kitchen and relaxing in
13	bedrooms. Facility has smoke detectors and audible alarms for each sliding door entrance/exit. Facility
14	has 2 fire extinguisher which is fully charged. Facility has ample supply of PPE. Facility has 2
15	refrigerators and pantry with ample food supply. LPA observed facility has emergency food and water
16	supply. Facility has required Emergency Disaster Plan posted. Facility has a secured location for
17	resident medication and files. Facility has 30 days supply of medications for clients. LPA reviewed
18	Residents files during visit. LPA observed 6 of 6 files. Residents emergency contact information and
19	Physicians reports are current. Facility has several designated visitation areas.
20	
21	No deficiencies noted during todays visit. An exit interview was conducted with Administrator and House
22	Manager. A copy of report was left at facility.
23	
24	
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Alisa Ortiz
<b>NAME OF LICENSING PROGRAM ANALYST:</b> 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.**