

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005275
Report Date: 10/24/2025
Date Signed: 10/24/2025 03:04:33 PM

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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:	MERRILL GARDENS AT HUNTINGTON BEACH	FACILITY NUMBER:	306005275
ADMINISTRATOR/DIRECTOR:	JOHNSON, JILL	FACILITY TYPE:	740
ADDRESS:	17200 GOLDENWEST ST	TELEPHONE:	(714) 842-6569
CITY:	HUNTINGTON BEACH	STATE:	CA
CAPACITY:	150	ZIP CODE:	92647
TYPE OF VISIT:	Required - 1 Year	CENSUS:	115
		DATE:	10/24/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	08:00 AM
MET WITH:	Jill Johnson	TIME VISIT/INSPECTION COMPLETED:	03:30 PM

NARRATIVE	
1	Licensing Program Analysts (LPAs) Kimberly Lyman and Andrea Mendivil conducted an unannounced
2	visit to Merrill Gardens at Huntington Beach. The purpose of today's visit was to conduct the Annual
3	Required inspection. LPAs were allowed entry into the facility and explained the reason for the visit. The
4	facility is licensed for one hundred fifty non-ambulatory residents of which fifteen may be Bedridden.
5	There is an approved hospice waiver for fifteen residents and there are three Hospice residents present
6	during today's visit. This is a three story with attached Memory Care facility. The facility is 121 private
7	apartment facility. There are 115 residents present during facility visit. Jill Johnson has an administrator
8	certificate expiring on 09/28/2026.
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10	LPAs Lyman and Mendivil along with Business Office Manager toured the facility at 9:11 AM. LPAs
11	toured the physical plant, checked food service, facility records and the first aid kit. Facility appears to
12	be clean, safe, and sanitary. Facility consists of assisted living and memory care unit, outside patio
13	areas, two dining rooms, beauty salon, Wellness center, movie theater, bistro and activity areas.
14	Resident apartments had the required furniture, bed linens and closet/drawer space to accommodate
15	each resident comfortably. LPAs observed one resident with half bed rails. Resident restrooms were
16	checked. Toilets and water faucets worked properly, grab bars were secure and shower was free of
17	mold/mildew. Water temperature measured between 106.7 and 115.7 degrees F in resident restrooms.
18	Resident bath towels, toiletries and personal hygiene supplies were adequately stocked at time of visit.
19	Staff responded within 2 minutes for emergency pull. Common areas were clean and clear of hazards,
20	doorways were free of obstructions. First aid kit had all the required elements including tweezers,
21	thermometer, and scissors. LPAs observed no unsecured cleaning supplies. Kitchen was inspected.
22	Perishable and non-perishable food supply was checked and adequately stocked at time of visit. Facility
23	is keeping a log of freezer/ refrigerator temperatures and all were in range. Smoke detectors and fire
24	inspections CONTINUED ON LIC 809C DATED 10/24/2025
25	

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz

NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/24/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/24/2025

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 Ill, 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 FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
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FACILITY NAME: MERRILL GARDENS AT HUNTINGTON BEACH

FACILITY NUMBER: 306005275

VISIT DATE: 10/24/2025

NARRATIVE	
1	are conducted by an outside company, Cosco Fire, with the last inspection date of 10/08/2025. Fire
2	extinguishers are fully charged. LPAs observed evacuation chairs at stairwells. LPAs toured the outside
3	grounds and there is ample shaded seating for residents. LPAs observed ample emergency food and
4	water. Facility conducts quarterly emergency drills with the last drill conducted on 10/01/2025. Facility
5	provides activities in the form of games, exercise, and outings. LPAs observed residents participating in
6	activities during the visit. LPAs spoke with residents during the visit who stated satisfaction with facility
7	services and verbalized feeling safe. LPAs observed no health or safety concerns during the visit.
8	LPAs reviewed select resident and staff files. Resident files contained required documents including
9	admission agreements, current physician reports and resident appraisals. Staff files reviewed contained
10	required documentation such as health screen/TB, training and criminal record clearance.
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13	Licensee to forward proof of liability insurance to LPA by close of business today, 10/24/2025.
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17	Based on the observations made during today's visit, no deficiencies are being cited.
18	Exit interview conducted and a copy of this report was given at time of visit.
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NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 10/24/2025
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 10/24/2025
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