

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005392
Report Date: 02/13/2026
Date Signed: 02/13/2026 03:50:59 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:	TAYLOR COTTAGE, THE	FACILITY NUMBER:	306005392
ADMINISTRATOR/BAT-AMGALAN, ENKHTSETSEG		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(614) 746-5824
ADDRESS:	7752 TAYLOR DRIVE	ZIP CODE:	92648
CITY:	HUNTINGTON BEACH	STATE: CA	
CAPACITY: 6		CENSUS: 4	
TYPE OF VISIT:	Required - 1 Year	DATE:	02/13/2026
		UNANNOUNCED TIME VISIT/INSPECTION	08:34 AM
		BEGAN:	
MET WITH:	Wennie Earwood - Licensee	TIME VISIT/INSPECTION	04:15 PM
		COMPLETED:	

NARRATIVE	
1	On this day, Licensing Program Analyst (LPA) Andrea Mendivil made an unannounced visit to the facility today to conduct a required annual. LPA was greeted and granted entry by staff and explained the reason for the visit.
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5	Facility is licensed for 6 non-ambulatory residents of which 1 may be bedridden. Facility has a hospice waiver for 3. The facility currently has 4 residents in care.
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8	During today's visit, LPA toured the facility and inspected the physical plant, including but not limited to testing all smoke detectors, testing hot water temperature in bathrooms. The hot water temperature measured between 115.8 and 118.9 degrees Fahrenheit. Smoke detector located in facility living room was not operational as it was missing batteries. The fire extinguishers are charged and were serviced on March 14th 2025. The facility's last fire drill was conducted on 01/28/2026. LPA inspected the facility food supply and observed the facility retained a minimum of two days perishable and seven days non-perishable food on hand. LPA observed 2 dozen eggs stored in kitchen pantry, per review of box, eggs were to be refrigerated. LPA observed an unsecured lighter in kitchen drawer on the right hand side of stove. LPA observed medication storage in locked cabinet in facility living room. LPA observed emergency food in facility garage. LPA did not observe emergency water in facility. LPA observed dead roach and debris in the top right drawer on kitchen island. LPA observed missing screen in shared bathroom located in the rear of the home. LPA observed Resident 1 to be listed as bedridden based on LIC 602 Physician's report dated 1/15/2026 and 1/15/2025 and is living in a room that is not listed as cleared for bedridden resident.
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NAME OF LICENSING PROGRAM MANAGER:	Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST:	Andrea Mendivil

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/13/2026

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.

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 (Cont)	

FACILITY NAME: TAYLOR COTTAGE, THE

FACILITY NUMBER: 306005392
VISIT DATE: 02/13/2026

NARRATIVE	
1	LPA observed unsecured medications in Resident 2 (R2) bedroom and LIC 602 dated 11/28/2024 stated
2	R2 is unable to store their own medications. LPA observed unsecured medications left on kitchen island
3	(photo taken). LPA observed R2's toilet to have staining on toilet bowl and room had an odor present.
4	LPA observed 2 mattresses, nightstand, tv, dresser and closet with clothes in a room listed as storage
5	room. LPA did not observed assessments/appraisals for R1 and R3. LPA observed R1 to have their hair
6	knotted and matted.
7	
8	LPA reviewed five of five staff training and fingerprint records. Staff do not have record of any training
9	conducted within the last year. LPA Mendivil observed Staff 1 in kitchen, per review of Guardian S1 is
10	not associated to the facility. S1 left the facility during visit. Per review of files of Staff 2- Staff 3 are not
11	associated to the facility, Per licensee both staff have been present in the facility. S2 has worked 2 days
12	and S3 has worked off an on for over 1 year, licensee stated over S3 has worked more than 5 days. LPA
13	observed Staff 4 (S4) did not have a health screening on file. LPA observed LIC 610E Emergency and
14	Disaster Plan for Residential Care Facilities for the Elderly had not been reviewed or updated as former
15	Administrator and former employees are listed on document.
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17	Based on the observations made during today's inspection deficiencies are being cited per Title 22
18	Division 6 of the California Code of Regulations. An exit interview was conducted, and a copy of this
19	report and appeal rights was left at the facility.
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NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz	
NAME OF LICENSING PROGRAM ANALYST: Andrea Mendivil	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 02/13/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/13/2026

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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** TAYLOR COTTAGE, THE
DEFICIENCY INFORMATION FOR THIS PAGE:**FACILITY NUMBER:** 306005392
VISIT DATE: 02/13/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87303(a)	
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Maintenance and Operation

(a) The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation the licensee did not comply with the cited above as there was a dead roach and debris located in top right drawer on kitchen island. This poses an immediate health and safety risks to persons in care.
	POC Due Date: 02/14/2026
	Plan of Correction
1 2 3 4	Licensee to clean kitchen island and provide proof to LPA by POC due date and exterminator has been called. Licensee to provide proof of exterminator's visit to LPA.

	Type A	Section Cited	CCR	87303(a)(1)	
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Maintenance and Operation

(a) The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors. (1) Floor surfaces in bath, laundry and kitchen areas shall be maintained in a clean, sanitary, and odorless condition.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation the licensee did not comply with the cited above as LPA observed R2's toilet to have staining (photo taken) and an odor was present. This poses an immediate health and safety risks to persons in care.
	POC Due Date: 02/14/2026
	Plan of Correction
1 2 3 4	Licensee to clean R2's bathroom and provide proof to LPA by POC due date.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM	Alisa Ortiz
MANAGER:	
NAME OF LICENSING PROGRAM	Andrea Mendivil
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/13/2026

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



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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

FACILITY NAME: TAYLOR COTTAGE, THE

FACILITY NUMBER: 306005392

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/13/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87303(c)	
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(c) All window screens shall be clean and maintained in good repair.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation the licensee did not comply with the cited above as the shared bathroom in rear of the home is missing a screen. This poses an immediate health and safety risks to persons in care.
	POC Due Date: 02/13/2026
	Plan of Correction
1 2 3 4	Licensee replaced screen during visit.

	Type A	Section Cited	CCR	87309(a)	
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(a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation the licensee did not comply with the cited above as LPA observed an unsecured lighter in drawer on the right hand of the stove. This poses an immediate health and safety risk to persons in care.
	POC Due Date: 02/13/2026
	Plan of Correction
1 2 3 4	Licensee corrected during visit.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST: Andrea Mendivil

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 02/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 02/13/2026

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: TAYLOR COTTAGE, THE

FACILITY NUMBER: 306005392

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/13/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)				
	Type A	Section Cited	CCR	87411(f)
Personnel Requirements - General				
(f) All personnel, including the licensee and administrator, shall be in good health, and physically and mentally capable of performing assigned tasks. Good physical health shall be verified by a health screening, including a chest x-ray or an intradermal test, performed by a physician not more than six (6) months prior to or seven (7) days after employment or licensure. A report shall be made of each screening, signed by the examining physician. The report shall indicate whether the person is physically qualified to perform the duties to be assigned, and whether he/she has any health condition that would create a hazard to him/herself, other staff members or residents. A signed statement shall be obtained from each volunteer affirming that he/she is in good health. Personnel with evidence of physical illness or emotional instability that poses a significant threat to the well-being of residents shall be relieved of their duties.				
This requirement is not met as evidenced by:				
	Deficient Practice Statement			
1 2 3 4	Based on observation the licensee did not comply with the cited above as Staff 4 did not have a health screening on record. This poses an immediate health and safety risks to persons in care.			
	POC Due Date: 02/18/2026			
	Plan of Correction			
1 2 3 4	Licensee to provide health screening for S4 by POC due date.			

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST:	Andrea Mendivil
LICENSING PROGRAM ANALYST SIGNATURE: 	DATE: 02/13/2026

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FACILITY NUMBER: 306005392

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87463(b)	
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Reappraisals

(b) The reappraisal shall document significant changes in the resident's physical, mental, cognitive, behavioral, or functional condition, including those required to be documented as specified in Section 87466, Observation of the Resident.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observations the licensee did not comply with the cited above as LPA did not observed assessments/appraisals for R1 and R3. This poses an immediate health and safety risk to persons in care.
	POC Due Date: 02/20/2026
	Plan of Correction
1 2 3 4	Licensee to conduct appraisals and provide proof to LPA by POC due date.

	Type A	Section Cited	HSC	1569.695(d)	
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Other Provisions

(d) A facility shall review the plan annually and make updates as necessary, including changes in floor plans and the population served. The licensee or administrator shall sign and date documentation to indicate that the plan has been reviewed and updated as necessary.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observations the licensee did not compy with the cited above as LPA observed LIC 610E Emergency and Disaster Plan for Residential Care Facilities for the Elderly had not been reviewed or updated as former Administrator and former employees are listed on document. This poses an immediate health and safety risk to persons in care.
	POC Due Date: 02/14/2026
	Plan of Correction
1 2 3 4	Licensee corrected during visit and provided updated LIC 610 E

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM

MANAGER:

NAME OF LICENSING PROGRAM

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:

Alisa Ortiz

Andrea Mendivil



DATE: 02/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



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FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	, 770 THE CITY DR., SUITE 7100
	ORANGE, CA 92868

FACILITY NAME: TAYLOR COTTAGE, THE

FACILITY NUMBER: 306005392

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/13/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	HSC	1569.625(b)(2)	
Other Provisions					
(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observations and records review for Staff 1- 4 did not have training records on file. This poses a potential health and safety risk to persons in care.				
2					
3					
4					
	POC Due Date: 02/27/2026				
	Plan of Correction				
1	Licensee to conduct training to include 8 hours of dementia training and 4 hours to include postural supports, restricted health conditions and hospice care.				
2					
3					
4					
	Type B	Section Cited	HSC	1569.695(a)(2)	

Other Provisions					
(a)In addition to any other requirement of this chapter, a residential care facility for the elderly shall have an emergency and disaster plan that shall include, but not be limited to, all of the following: (2) Plans for the facility to be self-reliant for a period of not less than 72 hours immediately following any emergency or disaster, including, but not limited to, a short-term or long-term power failure. If the facility plans to shelter in place and one or more utilities, including water, sewer, gas, or electricity, is not available, the facility shall have a plan and supplies available to provide alternative resources during an outage.					
This requirement is not met as evidenced by:					

Deficient Practice Statement	
1 2 3 4	Based on observations the licensee did not comply with the cited above as there was no emergency water in the facility. This poses a potential health and safety risk to persons in care.
POC Due Date: 02/13/2026	
Plan of Correction	
1 2 3 4	Licensee corrected during visit.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST:	Andrea Mendivil
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/13/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 02/13/2026

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: TAYLOR COTTAGE, THE

FACILITY NUMBER: 306005392

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/13/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87202(a)	
(a) All facilities shall maintain a fire clearance approved by the city, county, or city and county fire department, or district providing fire protection services, or the State Fire Marshal. Prior to accepting or retaining any of the following types of persons, the applicant or licensee shall notify the licensing agency and obtain an appropriate fire clearance approved by the city, county, or city and county fire department, or district providing fire protection services, or the State Fire Marshal.					
This requirement is not met as evidenced by:					
Deficient Practice Statement					
1 2 3 4	Based on observations and records reviewed the licensee did not comply with the cited above as R1 is in a room that is not listed approved for bedridden resident. In addition smoke detector in living room were not operational. This poses an immediate health and safety risks to persons in care. * This is a repeat violation, immediate civil penalty issued.				
POC Due Date: 02/17/2026					
Plan of Correction					
1 2	Licensee stated R1 is not bedridden and will provided updated LIC 602 with ambulatory status by POC due date. Licensee added batteries to smoke dector in living room.				

Based on observations and records reviewed Staff 1, Staff 2 and Staff 3 are not associated to the facility. Per Licensee Staff 1 worked 3 days, Staff 2 worked 2days and Staff 3 has worked off and on for

3	over 1 year , Licensee stated more than 5 days. This poses an immediate health and safety risks to
4	persons in care. * An immediate civil penalty issued*
	POC Due Date: 02/14/2026
	Plan of Correction
1	Licensee stated will associate all staff and provide proof to LPA by POC due date
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	Type A	Section Cited	CCR	87555(b)(23)	
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(23) All readily perishable foods or beverages capable of supporting rapid and progressive growth of micro-organisms which can cause food infections or food intoxications shall be stored in covered containers at appropriate temperatures.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on obseration the licensee did not comply with the cited above as there were eggs in the kicthen
2	pantry, egg box clearly states it should be refridgerated. This poses an immediate health and safety risks
3	to persons in care.
4	
	POC Due Date: 02/13/2026
	Plan of Correction
1	Licensee corrected during visit by disposing of eggs.
2	
3	
4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM	Alisa Ortiz
MANAGER:	
NAME OF LICENSING PROGRAM	Andrea Mendivil
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/13/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
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