

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005485
Report Date: 07/10/2026
Date Signed: 07/10/2026 01:30:44 PM

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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:	RYAN'S OPEN ARMS	FACILITY NUMBER:	306005485
ADMINISTRATOR/CHENG, CHIN-WEN		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	6942 DRESDEN CIR	TELEPHONE:	(714) 894-2835
CITY:	HUNTINGTON BEACH	STATE: CA	ZIP CODE: 92647
CAPACITY: 6		CENSUS: 6	DATE: 07/10/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	08:00 AM
		BEGAN:	
MET WITH:	Chin-Wen "Megan" Cheng - Administrator	TIME VISIT/INSPECTION	01:30 PM
		COMPLETED:	

NARRATIVE	
1	On July 10, 2026, Licensing Program Analyst (LPA) Eboni Bentley arrived unannounced for the purposes of conducting a required 1-Year annual visit using the CARE Inspection Tool. LPA Bentley was greeted and granted entry into the facility by staff, after stating the reason for the visit. Administrator (AD) Chin-Wen "Megan" Cheng arrived shortly to assist with the visit. Administrator Chin-Wen Cheng has an administrator certificate that expires on September 16, 2027.
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7	The facility is licensed to operate age 60 and over for (6) non-ambulatory only residents, with a Hospice waiver for three (3). The building is a single story structure located in a residential neighborhood, which consists of the following: five (5) resident bedrooms, one (1) staff bedroom, three (3) bathrooms, living area, dining area, kitchen, an outdoor covered seating area, and an attached two car garage. The facility currently has a census of six (6) residents in care with one receiving hospice services.
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13	LPA Bentley toured the inside and outside of the physical plant with AD Cheng. All rooms were inspected and the facility was observed to be appropriately furnished at the time of visit. Beds and bedding supplies were in good condition, adequate lighting was provided, storage for each resident's personal belongings was observed. Additional linens, comforters, and bath towels were adequately stocked and available. Bathrooms were found to be clean and operational with water temperatures measured between 105 degrees F to 111.7 degrees F. The kitchen was observed clean, all appliances were operational, and there was a two-day supply of perishable and seven-day supply of non-perishable food available. Toxins, disinfectants, sharps, and medications were secured. The backyard was observed with a shaded seating area for residents and the facility has one exit gate that was operational.
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19	CONTINUE TO LIC809-C.....
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NAME OF LICENSING PROGRAM MANAGER: Kevin Saborit-Guasch
NAME OF LICENSING PROGRAM ANALYST: Eboni Bentley

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/10/2026

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 ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: RYAN'S OPEN ARMS

FACILITY NUMBER: 306005485
VISIT DATE: 07/10/2026

NARRATIVE	
1	The smoke alarms and carbon monoxide detectors were operable. An emergency safety drill was last conducted on April 9, 2026 and are conducted quarterly. Emergency food, emergency water, and emergency supplies were stored in the garage and in a bench in the backyard. The facility has two (2) fire extinguishers that were charged, mounted, and last serviced on December 12, 2025. First aid kit is maintained and contains all the necessary elements. A working telephone (714-894-2835) remains available and the facility has a device that can be used for teleconference purposes. Liability Insurance is effective December 24, 2025 and expires on December 24, 2026. LPA Bentley conducted an audit of six (6) resident files (R1-R6), four (4) staff files (S1-S4), and medication and medication administration records review. Interviews were conducted with staff and residents. Based on today's observations, deficiencies are being cited during the visit, per Title 22, Division 6, Chapter 8 of the California Code of Regulations. An exit interview was conducted with Administrator Chin-Wen "Megan" Cheng, and a copy of this report, LIC809D, LIC811s, and appeal right were provided at the end of the visit.
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NAME OF LICENSING PROGRAM MANAGER: Kevin Saborit-Guasch	
NAME OF LICENSING PROGRAM ANALYST: Eboni Bentley	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 07/10/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/10/2026

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FACILITY EVALUATION REPORT (Cont)

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

FACILITY NAME: RYAN'S OPEN ARMS**FACILITY NUMBER:** 306005485**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 07/10/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87202(a)	
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Fire Clearance

(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	Based on observation and records review, the licensee did not comply with the section above in one out of five bedrooms used by residents in care. LPA observed a medical assessment indicating Resident #1 (R1) has an ambulatory status of Bedridden and living in a non-ambulatory room. The facility does not have a Fire Clearance for Bedridden rooms and is not licensed to care for Bedridden residents.
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	POC Due Date: 07/11/2026
	Plan of Correction
1	Administrator stated plan to submit LIC 200 application immediately requesting new fire clearance for Bedridden room at current facility by POC due date via eboni.bentley@dss.ca.gov. Administrator stated they have notified the Huntington Beach Fire Department to be on watch while awaiting new fire clearance inspection and submitted a request to CCLD for new fire inspection.
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	Type A	Section Cited	CCR	87355(e)(3)	
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Criminal Record Clearance

(e) All individuals subject to a criminal record review pursuant to Health and Safety Code Section 1569.17(b) shall prior to working, residing or volunteering in a licensed facility: (3) Request a transfer of a criminal record clearance as specified in Section 87355(c) or

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, interview, and record review, the licensee did not comply with the section cited above. LPA reviewed S1's record and found that they are not associated with the facility. This poses an immediate health, and safety, risk to persons in care.
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	POC Due Date: 07/11/2026
	Plan of Correction
1	The Administrator stated they will associated S1 to the facility and will submit a written statement of acknowledgement and understanding to CCLD via email by POC due date.
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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	Kevin Saborit-Guasch
MANAGER:	
NAME OF LICENSING PROGRAM	Eboni Bentley
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/10/2026