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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005546
Report Date: 07/07/2026
Date Signed: 07/07/2026 03:42:43 PM

Document Has Been Signed on 07/07/2026 03:42 PM **- It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868

FACILITY NAME:	REATA GLEN ORANGE COUNTY CCRC LLC		FACILITY NUMBER:	306005546
ADMINISTRATOR/ DIRECTOR:	KELLY CONK		FACILITY TYPE:	741
ADDRESS:	2 LAS ESTRELLAS LOOP		TELEPHONE:	(949) 545-2250
CITY:	RANCHO MISSION VIEJO	STATE: CA	ZIP CODE:	92694
CAPACITY: 840		CENSUS: 675	DATE:	07/07/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	08:50 AM
MET WITH:	Kelly Conk		TIME VISIT/ INSPECTION COMPLETED:	04:10 PM

NARRATIVE

Licensing Program Analysts (LPAs) Ruth Martinez, Hanna Gough and Nancy Guillen conducted an unannounced visit to Reata Glen. The purpose of today's visit was to conduct the Annual Required inspection. LPAs were allowed entry into the facility and explained the reason for the visit. Facility is a Continuing Care Retirement Facility licensed for 840 residents of which 10 may be on hospice. There are 675 residents admitted with 4 on hospice on today's visit. Kelly Conk has an administrator certificate is current.

LPAs along with facility management team began the tour of the facility. LPAs toured the physical plant, checked food service, facility records and the medication room. Facility appears to be clean, safe, and sanitary. Facility consists of 300 units in the main building, 98 units in the villas and 82 units in garden terrace. Throughout the property, LPAs observed multiple outside areas, two restaurants, a "Grab and go" market, fitness area, theater, billiards room, putting green, pickle ball court, activity areas and a secured swimming pool/ jacuzzi. Resident apartments had the required furniture, bed linens and closet/drawer space to accommodate each resident comfortably. Resident restrooms were checked. Toilets and water faucets worked properly, and shower was free of mold/mildew. Water temperature measured between 112.8 and 120 degrees F in facility resident bathrooms. Resident bath towels, toiletries and personal hygiene supplies were adequately stocked at time of visit. Common areas were clean and clear of hazards, doorways were free of obstructions. Emergency lighting, and facility telephone were all working. LPAs reviewed medication administration and storage. Medications are stored in a locked medication cart. Medications are being

CONTINUED ON LIC 809-C

NAME OF LICENSING PROGRAM MANAGER: Kevin Saborit-Guasch
NAME OF LICENSING PROGRAM ANALYST: Ruth Martinez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/07/2026

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 **FACILITY EVALUATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868

FACILITY NAME: REATA GLEN ORANGE COUNTY CCRC LLC **FACILITY NUMBER:** 306005546

VISIT DATE: 07/07/2026

NARRATIVE

administered per physician order First aid kit had required elements including thermometer, tweezers and scissors where observed in the medication room. Kitchen was inspected. Perishable and non-perishable food supply was checked and adequately stocked at time of visit. Facility is keeping a log of freezer/ refrigerator temperatures and were within range. Smoke detectors and fire inspections are conducted by an outside company, with the last inspection date in April 26, 2026. Fire extinguishers are fully charged with service date April 23, 2026. LPAs observed evacuation chairs at stairwells. LPAs observed ample emergency food and water as well as ample emergency supplies. LPAs reviewed the emergency disaster plan and infection control plan during the visit. Plans are thorough and complete. Facility conducts quarterly emergency drills with the last drill conducted on April 28, 2026. Facility provides activities in the form of games, exercise, and outings in the community. LPAs observed residents participating in activities during the visit. LPAs toured the outside parameters and did not observed any obstructions. LPA Martinez observed a indoor swimming pool with an outdoor space with a fence around it. LPA observed the pool gate has a self-latching entry door which opens towards the spa pool. The fence has a key lock at the gate door for inaccessibility. LPA measured the pool fence which measured 6.8ft from base of the floor to the top of the fence and it was observed to enclose the entire pool area. LPA observed the pool has one entry doors throughout the spa pool area. LPAs observed no health or safety concerns during the visit. LPAs reviewed 15 select resident and 6 staff files. Resident files contained required documents. Staff files reviewed contained required documentation such as health screen/TB and first aid/CPR. LPAs received a current copy of the certification of liability insurance with expiration date of June 30, 2027.

Based on the observations made during today's visit, no deficiencies were noted today in the areas inspected per **Title 22 Division 6 of the California Code of Regulations.**

This report was reviewed with the Senior Executive Director/Administrator and a copy of this report was provided to the facility.

NAME OF LICENSING PROGRAM MANAGER: Kevin Saborit-Guasch
NAME OF LICENSING PROGRAM ANALYST: Ruth Martinez
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 07/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/07/2026