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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005960
Report Date: 06/29/2026
Date Signed: 06/29/2026 05:20:09 PM

Document Has Been Signed on 06/29/2026 05:20 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:	WOODBRIDGE TERRACE		FACILITY NUMBER:	306005960
ADMINISTRATOR/ DIRECTOR:	CHRISTIAN OTBO		FACILITY TYPE:	740
ADDRESS:	1 WITHERSPOON		TELEPHONE:	(949) 654-8500
CITY:	IRVINE	STATE: CA	ZIP CODE:	92604
CAPACITY: 180		CENSUS: 140	DATE:	06/29/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:00 AM
MET WITH:	Christian Otbo- Executive Director		TIME VISIT/ INSPECTION COMPLETED:	05:30 PM

NARRATIVE

Licensing Program Analyst (LPA) Jessica Cho and Regional Manager (RM) Monica Tran arrived unannounced for the purpose of conducting the Required 1 Year Inspection. LPA and RM were greeted and granted entry and met with Executive Director (ED) Christian Otbo after the stating the reason for the visit.

The facility is licensed for 180 residents, 40 ambulatory and 140 non-ambulatory. Facility maintains a hospice waiver approved for 20. As of today's date, the resident census is 140 of which 13 are receiving hospice care. Facility is operating within the conditions and limitations specified on the license. The ED has a valid administrator's certificate expiring February 8, 2028.

At or approximately 9:45am, LPA and RM toured the physical plant including all common areas accompanied by ED Otbo. The facility is a three story property housing Assisted Living (AL) and Memory Care (MC) residents. LPA and RM observed the facility to be clean, sanitary, and in good repair. Hallways were free of clutter. LPA and RM inspected a sample size of 12 resident units of which 2 are memory care units. The resident bedrooms had all required elements with ample lighting. The residents' personal bathrooms were checked. Toilets and water faucets worked properly, and the grab bars were secure. Showers were free of mold/mildew, and slip resistant mats were available. The hot water temperature in the resident bathrooms measured within range between 111.9-120.0 degrees Fahrenheit. All shared bathrooms in the common areas had sufficient supply of soap, toilet paper, and paper towels. The hot water temperature measured within range between 111.5-114.0 degrees Fahrenheit. LPA and RM inspected the kitchen and dining area. Facility maintains ample supply of two day perishables and seven day non-perishable food. LPA and RM observed staff engaged in food preparation wearing gloves and adhering to food sanitation practices.

NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya
NAME OF LICENSING PROGRAM ANALYST: Jessica Cho

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/29/2026

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: WOODBRIDGE TERRACE **FACILITY NUMBER:** 306005960

VISIT DATE: 06/29/2026

NARRATIVE

LPA and RM observed medications are centrally stored in the medication room/carts and administered as prescribed per review of the medications and Medication Administration Records (MARs). Toxins, chemicals, cleaning solutions are stored in a locked closet. The Complaint Poster (PUB 475) meets the size requirement and was posted in the entry way.

LPA and RM toured the outside grounds. The outdoor passageway is free of obstruction and slip hazards, and there are sufficient seating and shading. The exit gates and delayed egress are operational for the safety of the residents. Facility maintains a working generator, emergency food supply, and 8, 55 gallon water containers. The fire extinguishers are mounted, charged, and serviced on November 11, 2025 per inspection tags. The carbon monoxide detectors were tested and operational. The facility is currently undergoing a comprehensive fire alarm upgrade and replacement and is expected to be completed within the next few weeks per the June 29, 2026 notice. Prior to the upgrade, the fire alarm was last tested on October 1, 2025. The evacuation chairs were observed in each stairwell. Facility staff conducts quarterly emergency disaster training, however the training was not conducted per shift. There are no health and safety hazards observed at the time of inspection.

During inspection, LPA reviewed the Infection Control Plan and the Emergency Disaster Plan (LIC610E). LPA conducted a review of 12 residents' and 4 staff files. No discrepancies were noted. LPA interviewed 8 residents and 2 staff. The medications and MARs were reviewed for 4 residents. LPA and RM observed one medication for one resident had extra pills remaining; however upon verifying the Medication Administration Record, the resident was administered as prescribed. Staff indicated that the start date was documented incorrectly.

The ED was reminded of the importance of ensuring the start date for medications is documented accurately and for staff to receive emergency disaster training on a quarterly basis per shift accounting different emergency scenarios.

Based on the observations made, no deficiencies are being cited. Advisory Note (LIC9102s) are being issued during the visit.

An exit interview was conducted with Executive Director Christian Otbo, and a copy of this report was provided at the end of the visit.

NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya
NAME OF LICENSING PROGRAM ANALYST: Jessica Cho
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 06/29/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/29/2026