

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 306006204

Report Date: 11/18/2025

Date Signed: 11/19/2025 06:51:39 AM

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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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: WILLOW VIEW GARDENS MEMORY CARE & ASSISTED LIVING	FACILITY NUMBER: 306006204
ADMINISTRATOR/ESPINAL, ALMA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 2025 N BUSH ST	TELEPHONE: (714) 541-3357
CITY: SANTA ANA	STATE: CA
CAPACITY: 130	ZIP CODE: 92706
TYPE OF VISIT: Required - 1 Year	CENSUS: 76
	DATE: 11/18/2025
	UNANNOUNCED TIME VISIT/ INSPECTION 08:00 AM
	BEGAN:
MET WITH: Alma Espinal	TIME VISIT/ INSPECTION 01:10 PM
	COMPLETED:

### NARRATIVE

1 Licensing Program Analysts (LPAs) Kimberly Lyman and Fred Arias conducted an unannounced visit to  
2 Willow View Gardens. The purpose of today's visit was to conduct the annual required inspection. LPAs  
3 were allowed entry into the facility and explained the reason for the visit. Facility is licensed for 130 non-  
4 ambulatory residents of which 50 may be bedridden. Facility has an approved hospice waiver for 50  
5 residents and there are no residents on hospice during today's visit. Administrator Alma Espinal has an  
6 administrator certificate expiring on 04/01/2026. LPAs Lyman and Arias along with Administrator toured  
7 the facility at 8:28 AM. LPAs toured the physical plant, checked food service, and the first aid kit. The  
8 facility consists of two stories including a library, bistro, cinema room and hair salon. Resident bedrooms  
9 had the required furniture, bed linens and closet/drawer space to accommodate each resident  
10 comfortably. Resident bathrooms were checked. Toilets and water faucets worked properly, grab bars  
11 were secure and shower was free of mold/mildew. Water temperature measured between 105 degrees  
12 F and 110.3 degrees F in all restrooms. Resident bath towels, toiletries and personal hygiene supplies  
13 were adequately stocked. Common areas were clean and clear of hazards, doorways were free of  
14 obstructions. Perishable and non-perishable food supply was checked and adequately stocked at time  
15 of visit. Kitchen appliances are operational during today's visit. Toxins are secured in a closet. Smoke  
16 detectors and carbon monoxide detectors are tested in-house monthly and fire/ sprinkler inspections are  
17 conducted by a third party. Fire extinguishers were fully charged. Facility conducts monthly emergency  
18 drills with the last drill conducted on 10/20/2025. LPAs observed ample emergency food and water.  
19 Outside grounds were toured. LPAs observed multiple outside patio areas including a smoking area.  
20 There is ample outdoor shaded seating for residents.. Walkways around the facility were clear of  
21 hazards. There are no security bars or weapons on the premises. continued ON LIC 809C DATED  
22 11/18/2025  
23  
24  
25

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz  
NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 11/18/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 11/18/2025

**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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  COMMUNITY CARE LICENSING DIVISION  CCLD Regional Office, 770 THE CITY DR., SUITE 7100  ORANGE, CA 92868</p>
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**FACILITY NUMBER:** 306006204

**VISIT DATE:** 11/18/2025

<b>NARRATIVE</b>	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>First aid kit contained all required items including tweezers, scissors and thermometer. Facility provides activities in the form of music, art and puzzles. LPAs reviewed select resident files. All resident files contained required documentation including admission agreements, physician reports, resident appraisals, and physician orders for bed rails as indicated.</p> <p>LPA to return at a later date to continue the annual inspection.</p> <p>Exit interview conducted and a copy of this report was left at the facility.</p>

<p><b>NAME OF LICENSING PROGRAM MANAGER:</b> Alisa Ortiz  <b>NAME OF LICENSING PROGRAM ANALYST:</b> Kimberly Lyman  <b>LICENSING PROGRAM ANALYST SIGNATURE:</b></p>	<p><b>DATE:</b> 11/18/2025</p>
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**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

<p><b>FACILITY REPRESENTATIVE SIGNATURE:</b></p>	<p><b>DATE:</b> 11/18/2025</p>
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