

# Department of SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 331881106

**Report Date:** 01/06/2026

**Date Signed:** 01/06/2026 04:13:56 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	WELLQUEST OF MENIFEE LAKES	FACILITY NUMBER:	331881106
ADMINISTRATOR/EADS, JONETTA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(951) 550-0500
ADDRESS:	29914 ANTELOPE RD	CITY:	MENIFEE
CITY:	MENIFEE	STATE:	CA
CAPACITY:	151	ZIP CODE:	92584
TYPE OF VISIT:	Case Management - Deficiencies	CENSUS:	127
	UNANNOUNCED	DATE:	01/06/2026
	TIME VISIT/INSPECTION		11:20 AM
MET WITH:	Executive Director Eva Tawfik	BEGAN:	
		TIME VISIT/INSPECTION	04:30 PM
		COMPLETED:	

### NARRATIVE

1 On 1/6/2026, Licensing Program Analyst (LPA) Valerie Flores conducted an unannounced visit to the  
2 facility for the purpose of following up on complaint control number 18-AS-20260105145548. LPA met  
3 with Executive Director Eva Tawfik and explained the purpose of LPA's visit.  
4  
5 During the complaint visit, LPA learned through interviews and records review that Resident #1 (R1)  
6 requires a two person assist with all toileting task and transfers. Through interviews, it was reported that  
7 R1 did not receive a two person assist when receiving a brief change on 12/31/2025. It was further  
8 reported that staff have assisted R1 with transferring without additional assistance as required by the  
9 care plan and assessment.  
10  
11 Due to facility staff not following R1's care plan, a deficiency will be issued in accordance with Title 22  
12 Division 6 regulations as it placed R1 at a health and safety risk.  
13  
14 A exit interview was conducted, and a copy of this report was provided to Executive Director.  
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**NAME OF LICENSING PROGRAM MANAGER:** Anthony Perez

**NAME OF LICENSING PROGRAM ANALYST:** Valerie Flores

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 01/06/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 01/06/2026

**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.

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**Created By: Valerie Flores On 01/06/2026 at 03:30 PM**  
**Link to Parent Document Below:**

<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          , 1650 SPRUCE ST STE 200 MS29-27          RIVERSIDE, CA 92507</p>
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**FACILITY NAME:** WELLQUEST OF MENIFEE LAKES

**FACILITY NUMBER:** 331881106

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 01/06/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<p>Type B 01/20/2026 <b>Section Cited</b> CCR 87606(f)(1)(B)</p>	<p>1 (f) To accept or retain a person who is 2 bedridden, a licensee shall ensure the 3 following: (1) The facility's Plan of 4 Operation includes a statement of how 5 the licensee intends to meet the overall 6 health, safety and care needs of 7 residents who are bedridden. (B) The needs of residents who are terminally</p>	<p>1 Per Executive Director, facility staff in 2 the memory care unit will receive an in- 3 service training on two-person assist 4 and staff will also be reminded on which 5 residents require the two-person assist. 6 Proof of in-service training will be 7 submitted to LPA by Close of Business on 1/20/26 which includes a brief</p>
<p>8 9 10 11 12 13 14</p>	<p>ill and who are bedridden shall be met. This requirement was not met with evidence by: (2) two out of (2) staff did not follow Resident #1's care plan by not performing a two persons assist with transferring and/or assisting with toileting tasks which poses a health and safety risk to R1.</p>	<p>8 explanation of was covered in the 9 training along with the names of all 10 caregiving staff name in attendance 11 and their signatures. 12 13 14</p>
<p>1 2 3 4 5 6 7</p>		<p>1 2 3 4 5 6 7</p>
<p>1 2 3 4 5 6 7</p>		<p>1 2 3 4 5 6 7</p>

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

<b>NAME OF LICENSING PROGRAM</b>	Anthony Perez
<b>MANAGER:</b>	
<b>NAME OF LICENSING PROGRAM</b>	Valerie Flores
<b>ANALYST:</b>	

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 01/06/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 01/06/2026