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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331881106
Report Date: 06/16/2026
Date Signed: 07/06/2026 08:30:10 AM

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

FACILITY NAME:	WELLQUEST OF MENIFEE LAKES		FACILITY NUMBER:	331881106
ADMINISTRATOR/ DIRECTOR:	EADS, JONETTA		FACILITY TYPE:	740
ADDRESS:	29914 ANTELOPE RD		TELEPHONE:	(951) 550-0500
CITY:	MENIFEE	STATE: CA	ZIP CODE:	92584
CAPACITY: 151		CENSUS: 135	DATE:	06/16/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:09 AM
MET WITH:	Eva Tawfik, Executive Director		TIME VISIT/ INSPECTION COMPLETED:	12:05 PM

NARRATIVE

On 06/16/2026, Licensing Program Analyst (LPA) Imaculada Vasquez made an unannounced visit to the facility to conduct a 1 year required visit. LPA met with Executive Director, Eva Tawfik who was informed of the purpose of the visit.
LPA conducted a tour the facility The facility consists of 3-story building designated for both assisted living and memory care. There is an approved fire clearance for a 140 non-ambulatory residents of which 25 may be bedridden, with there currently being zero (0) bedridden residents. In addition the facility has an approved hospice waiver for 25, with nine (9) residents currently receiving hospice services.
LPA observed the following during today's inspection , LPA observed the facility to have several amenities to promote and encourage socialization such as a movie theater, beauty salon, fitness center, library and computer area, sports bar/game room, (2) wellness centers/medication rooms, wine bar and activity room, as well as dog park. The facility has a built in pool that is surrounded by a locked fence. The medications are locked in medication carts in the wellness centers. The facility is also utilizing an electronic Medication Authorization Record (MAR). The facility food supply was observed to meet the requirements of a 2-day perishables and 7-day supply of non-perishable food items.
The facility has several fire extinguishers throughout the community that fully charged with the tags in tact and were last serviced on 11/13/2025. The hot water tested at 110 degrees Fahrenheit. A signal system, pull cords and wrist tempo alert were observed to be operable. The facility has a fire alarm system consisting of smoke and carbon monoxide detectors. Emergency disaster drills are being conducted on a monthly basis, the last drill was conducted on 05/28/2026 . LPA conducted a random review of resident and staff files. The staff were observed to have obtained criminal record clearance and to be associated to the facility.

NAME OF LICENSING PROGRAM MANAGER: Carolyn Tuba
NAME OF LICENSING PROGRAM ANALYST: Imaculada Vasquez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/16/2026

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 RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507

FACILITY NAME: WELLQUEST OF MENIFEE LAKES **FACILITY NUMBER:** 331881106

VISIT DATE: 06/16/2026

NARRATIVE

The staff files were observed to have the required training. Med techs are the only position required to have CPR certification. The Executive Director Eva Tawfik was observed to possess a valid administrator certificate that expires on 07/18/2028. LPA reviewed five (5) resident files and five (5) staff files which were all complete and signed.
The facility was observed to have valid liability insurance that expires on 05/01/27. The governing body was observed to be active and in good standing.
Based on today's inspection there were no deficiencies observed.
An exit interview was conducted and a copy of this report, 809C,and glossary was reviewed and provided to Executive Director, Eva Tawfik.

NAME OF LICENSING PROGRAM MANAGER: Carolyn Tuba
NAME OF LICENSING PROGRAM ANALYST: Imaculada Vasquez
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 06/16/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/16/2026