

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331881258

Report Date: 03/04/2026

Date Signed: 03/04/2026 02:58:56 PM

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

FACILITY NAME: VINEYARD RANCH AT TEMECULA	FACILITY NUMBER: 331881258
ADMINISTRATOR/KELLEY LARA	FACILITY TYPE: 740
DIRECTOR:	TELEPHONE: (951) 308-1988
ADDRESS: 27350 NICOLAS ROAD	ZIP CODE: 92591
CITY: TEMECULA	STATE: CA
CAPACITY: 138	CENSUS: 98
TYPE OF VISIT: Required - 1 Year	DATE: 03/04/2026
	UNANNOUNCED TIME VISIT/INSPECTION: 11:53 AM
	BEGAN: TIME VISIT/INSPECTION: 03:00 PM
MET WITH: EXECUTIVE DIRECTOR, GARY LEE	COMPLETED:

NARRATIVE

1 On March 04, 2026, Licensing Program Analyst (LPA), Venus Mixson arrived at the facility unannounced
2 to conduct the **Required Annual Inspection** and met with the Executive Director, Gary Lee. The facility
3 file review was conducted at the Regional Office and additional records were requested and reviewed
4 on site. The facility is licensed for 138 residents and is currently operating at the capacity of 83 resident.
5 For a 740 facility type.
6
7 LPA Mixson toured the facility along with the Executive Director, Gary Lee and made observations
8 pertaining to the annual visit. LPA inspected the facility inside and outside. There were no obstructions
9 or debris to the indoor or outdoor passageways observed. Additionally, there were no bodies of water
10 seen on the premises at the tie of this visit.
11
12 **Physical Plant:** The facility phone number is **(951) 308-1988**, and it is operable. LPA Mixson observed
13 a sample of the residents living units , and each was furnished as per Regulations and Title 22. LPA
14 Mixson inspected a sample of the facility restrooms, and the hot water temperature tested within
15 regulations, and was logged. the facility is made up of a two-story building currently designated for
16 assisted living and memory care. The facility has large dining rooms, a cinema, fitness room, library,
17 piano bar, game room, along with other activity rooms available for resident leisure. The restrooms were
18 clean, and appliances were operating appropriately currently. The facility is equipped with operating
19 smoke detectors, carbon monoxide alarms, and fire extinguishers. LPA Mixson observed required
20 postings such as "If you See Something, Say Something," the "Personal Rights," and the LTCO poster.
21 The cleaning supplies and sharp items were locked and inaccessible to the residents in care presently.
22 There were designated storage spaces for the residents' and staff's files, and it was locked and
23 inaccessible to residents in care at present.
24
25 **Medications:** Were locked and inaccessible to residents in care, and there was a sufficient supply of
medication for each resident. The facility has a locked nurses office with glass door but was locked and
inaccessible to the residents in care.

There were no documented errors observed on the centrally stored medication forms, and medications were stored in their original containers at the present.

Food Service& furniture: The non-perishable and perishable food supply is sufficient per regulations, and there are a variety of food types available for residents at this time. Dishes and utensils were in sufficient supply and stored properly, and sharp items are locked. The facility has a dining style set up for all meals but the residents may elect to have meals severed in their living units for an extra fee.

NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris

NAME OF LICENSING PROGRAM ANALYST: Venus Mixson

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/04/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

California Health & Human Services Agency

Page: 1 of 3

California Department of Social Services

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.

LIC809 (FAS) - (09/23)

Page: 2 of 3

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507</p>
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FACILITY NUMBER: 331881258

VISIT DATE: 03/04/2026

NARRATIVE	
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>Front Entrance: was clean and organized and free of clutter, there was a receptionist at the front desk. The overall facility is clean; the furniture is in good condition and arranged in a manner which provides space for residents to move safely. The facility cooling system and other appliances were operable at present. Licensee informed LPA there were safety lights for night throughout the facility and they are on 24/7.</p> <p>Care & Supervision/Administration: There were adequate staff present for the supervision of residents in care. The floor plans, telephone numbers and personal rights were found posted in the facility. The listed Administrator, Gary Lee has a current administrator's certificate with an expiration date of 04/18/2026, and it is posted in the facility. Administrator shared all training's are completed and has mailed in the required documents.</p> <p>Records Reviewed and Resident/Staff Files: LPA Mixson reviewed a sample of the staff files and the facility's staff schedule. The staff files reviewed had criminal clearances, updated training's, along with current First Aid certifications. The resident files reviewed possessed the required paperwork as per Regulations at the present, including current TB tests.(602).</p> <p>Disaster preparedness: LPA Mixson reviewed the facility's emergency and disaster plan as well as the disaster training binder. LPA observed the last fire drill met the Department standards and was conducted as required per standards.</p> <p>Infection Control: LPA Mixson observed the hand washing stations in the facility restrooms. LPA observed PPE equipment and cleaning supplies to conduct regular cleaning of the facility. LPA reviewed the facility's infection control plan and found required infection control measures met the Department requirements.</p> <p>An exit interview was conducted. A copy of this report was reviewed and given to the Executive Director, Gary Lee.</p>

NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris	
NAME OF LICENSING PROGRAM ANALYST: Venus Mixson	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 03/04/2026

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FACILITY REPRESENTATIVE SIGNATURE:

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