

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 331881358

Report Date: 02/11/2026

Date Signed: 02/11/2026 03:21:52 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: SUN CITY GARDENS	FACILITY NUMBER: 331881358
ADMINISTRATOR/DIANE DOMINGO	FACILITY TYPE: 740
DIRECTOR:	TELEPHONE: (951) 679-2391
ADDRESS: 28500 BRADLEY ROAD	ZIP CODE: 92586
CITY: SUN CITY	STATE: CA
CAPACITY: 74	CENSUS: 38
TYPE OF VISIT: Required - 1 Year	DATE: 02/11/2026
	UNANNOUNCED TIME VISIT/INSPECTION 01:20 PM
	BEGAN: TIME VISIT/INSPECTION 03:19 PM
MET WITH: Patricia Russell, Executive Director	COMPLETED:

### NARRATIVE

1 On 02/11/2026, Licensing Program Analysts (LPAs) Jacqueline Shaw Ross and Venus Mixon, made an  
2 unannounced visit to the facility to conduct an annual review. LPAs were greeted by facility staff and  
3 granted entry. Executive Director Patricia Russell arrived shortly, and the purpose of the visit was  
4 explained. A tour of the facility was conducted inside and out.

5  
6 **Resident record review began-** A total of six (6) client records were reviewed that included admission  
7 agreements, medical assessments and TB test results, consent forms, identification and emergency  
8 information, appraisal needs and service plans, centrally stored medication/destruction records,  
9 safeguard for personal property/valuables, and personal rights notification. This facility is meeting  
10 documentation requirements.

11  
12 **Physical Plant and Safety of Environment/Operational Requirements-** LPAs toured the facility  
13 inside and outside. The facility is maintained at a comfortable temperature for the clients. Lighting is  
14 sufficient for safety and comfort. Water temperature was logged and tested within regulations. Laundry  
15 facilities and a locked cabinet is present for storing laundry soap and other chemicals in a closet. All  
16 outdoor and indoor passageways are free of obstruction. A locked area is provided for medications and  
17 sharp objects. LPAs verified there is a telephone working at this location.

18  
19  
20  
21  
22 **Food Service-** Food supply was observed and meets the requirement of one week supply of  
23 nonperishable and 2 day supply of perishables food on hand. A menu is posted, foods are dated to  
24 assure safety. Food prep areas are clean and organized.

25  
**Review of Employee Records-** LPAs reviewed employee records that included employee record for  
first aid certification, fingerprint clearance, personnel/job application, health screening and TB test  
results, criminal record statement, employee rights, training verification. CPR and requirements have

**NAME OF LICENSING PROGRAM MANAGER:** Riksha Stamps  
**NAME OF LICENSING PROGRAM ANALYST:** Jacqueline Shaw Ross  
**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 02/11/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 02/11/2026

**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 III, 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  RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27  RIVERSIDE, CA 92507</p>
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**FACILITY NAME:** SUN CITY GARDENS

**FACILITY NUMBER:** 331881358

**VISIT DATE:** 02/11/2026

<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>The facility employs an appropriate number of staff to maintain cleanliness and meet the needs of the clients in care. The Administrator's certification is current.</p> <p>LPAs made observation throughout the inspection process to assess if the facility remains in conformity with the State Fire Marshall regulations. The facility has not exceeded its capacity limitation and the structure remains unchanged according to the approved floor plan. Smoke detectors and carbon monoxide detectors were tested and found to be operational. Fire extinguishers are tested annually and were replaced on 02/05/2026. The facility is conducting emergency disaster drills and met regulations and was logged. The last disaster drill was conducted on 02/05/2026.</p> <p>Based on the information received during this visit today, there are no deficiency that is being cited per Title 22, Division 6 of The California Code of Regulations.</p> <p>An exit interview was conducted and a copy of this report was provided to Executive Director, Patricia Russell.</p>

<p><b>NAME OF LICENSING PROGRAM MANAGER:</b> Rikeshia Stamps  <b>NAME OF LICENSING PROGRAM ANALYST:</b> Jacqueline Shaw Ross  <b>LICENSING PROGRAM ANALYST SIGNATURE:</b> _____  <b>DATE:</b> 02/11/2026</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> _____  <b>DATE:</b> 02/11/2026</p>
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