

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# ***FACILITY EVALUATION REPORT***

**Facility Number:** 331881454  
**Report Date:** 02/13/2025  
**Date Signed:** 02/13/2025 12:54:07 PM

**Document Has Been Signed on 02/13/2025 12:54 PM - It Cannot Be Edited**

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	EVERY GARDEN ASSISTED LIVING-RIVERSIDE	FACILITY NUMBER:	331881454
ADMINISTRATOR/THOMAS, LINDA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(818) 515-9279
ADDRESS:	7675 WOODVIEW ST	STATE: CA	ZIP CODE: 92506
CITY:	RIVERSIDE	CENSUS: 6	DATE: 02/13/2025
CAPACITY: 6		UNANNOUNCED TIME VISIT/INSPECTION	08:35 AM
TYPE OF VISIT: Required - 1 Year		BEGAN:	
MET WITH: Linda Thomas, Administrator		TIME VISIT/INSPECTION	01:00 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Yolanda Delgado arrived unannounced to conduct an annual
2	inspection. Upon arrival LPA was greeted by facility staff and granted entry. LPA began inspection with
3	introduction, visit purpose and provided the facility caregiver with LPA identification and business card.
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5	<b>Resident record review began-</b> Six (6) records were reviewed. LPA reviewed for admission
6	agreement, medical assessment and TB test results, consent forms, identification and emergency
7	information, appraisal needs and service plans, centrally stored medication/destruction records,
8	safeguard for personal property/valuables, and personal rights notification. This facility is meeting
9	documentation requirements.
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11	<b>Physical Plant and Safety of Environment/Operational Requirements-</b> LPA toured the facility inside
12	and outside. The home is maintained at a comfortable temperature for the clients. Lighting is sufficient
13	for safety and comfort. Water temperature measured 112.0 degrees F. Laundry facilities and a locked
14	cabinet is present for storing laundry soap and other chemicals in the home. All outdoor and indoor
15	passageways are free of obstruction. A locked area is provided for medications and sharp objects. LPA
16	verified there is a telephone working at this location.
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21	<b>Food Service-</b> Food supply meets the requirement of one week supply of nonperishable and 2 day
22	supply of perishables food on hand. A menu is posted, foods are dated to assure safety. Food prep
23	areas are clean and organized.
24	
25	<b>LPA began review of employee records-</b> Three (3) records were reviewed. LPA reviewed employee
	record for first aid certification, fingerprint clearance, personnel/job application, health screening and TB
	test results, criminal record statement, employee rights, training verification, and current administrator

certification. CPR and requirements have been met. The facility employs enough staff to maintain  
(Continued on next page)

**NAME OF LICENSING PROGRAM MANAGER:** Jazmond D Harris  
**NAME OF LICENSING PROGRAM ANALYST:** Yolanda Delgado  
**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 02/13/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 02/13/2025

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

LIC809 (FAS) - (06/04)

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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 (Cont)

**FACILITY NAME:** AVERY GARDEN ASSISTED LIVING-  
RIVERSIDE

**FACILITY NUMBER:** 331881454

**VISIT DATE:** 02/13/2025

### NARRATIVE

1 (Continued on from Page 1)

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cleanliness and meet the needs of the clients in care. Administrator certification is present and current.

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LPA 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 or replaced annually and were last done so on 03/29/2024. The facility is conducting emergency disaster drills. The last disaster drill was conducted on 01/26/2025.

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LPA allocated time to prepare this report for delivery.

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Based on the information received during this visit today, there zero (0) deficiency is being cited per Title 22, Division 6 of The California Code of Regulations.

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This report was reviewed with and a copy provided to the facility representative at the time of the exit interview.

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**NAME OF LICENSING PROGRAM MANAGER:** Jazmond D Harris  
**NAME OF LICENSING PROGRAM ANALYST:** Yolanda Delgado  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 02/13/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/13/2025