

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331881454

Report Date: 02/24/2026

Date Signed: 02/24/2026 03:50:49 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
FACILITY EVALUATION REPORT	

FACILITY NAME:	EVERY GARDEN ASSISTED LIVING-RIVERSIDE	FACILITY NUMBER:	331881454
ADMINISTRATOR/DIRECTOR:	THOMAS, LINDA	FACILITY TYPE:	740
ADDRESS:	7675 WOODVIEW ST	TELEPHONE:	(818) 515-9279
CITY:	RIVERSIDE	STATE:	CA
CAPACITY:	6	ZIP CODE:	92506
TYPE OF VISIT:	Required - 1 Year	CENSUS:	5
		DATE:	02/24/2026
		UNANNOUNCED TIME VISIT/INSPECTION:	12:35 PM
		BEGAN:	
MET WITH:	Administrator, Linda Thomas and Erik Thomas	TIME VISIT/INSPECTION:	03:50 PM
		COMPLETED:	

NARRATIVE

1 On February 24, 2026, Licensing Program Analyst (LPA), Jarred Torres, and LPA, Venus Mixson, arrived
2 at the facility unannounced to conduct an annual inspection and met with Administrators Linda Thomas
3 and Erik Thomas. A facility file review was conducted at the regional office and additional records were
4 requested and reviewed at the facility. The facility is licensed for six adults and is currently operating at a
5 census of five adults.
6
7 LPA Torres and LPA Mixson toured the facility along with administrator Thomas and made observations
8 pertaining to the annual visit. The LPAs inspected the facility inside and outside. There were no
9 obstructions or debris to the indoor nor outdoor passageways at the time of this visit. Additionally, there
10 were no bodies of water on the premises. The facility is a single-story home located at 7675 Woodview
11 Street, Riverside, CA 92506.
12
13 The LPAs were given a tour of the premises. The facility phone number is 951-534-0843 and is
14 operable. The LPAs observed the residents' bedrooms which were equipped with the required furniture
15 as stated in Title 22 of the California Code of Regulations (CCR). The LPAs observed the bathrooms to
16 be equipped with grab bars and anti slip pads. The facility's appliances were observed to be operational
17 at the time of this visit. The facility is equipped with operational smoke detectors and a carbon monoxide
18 detector. The LPAs observed fire extinguishers in good condition which had been serviced on
19 3/24/2025. The LPAs observed the required postings regarding safety, personal rights, and emergency
20 exits. The cleaning supplies and sharp items were kept locked and inaccessible to the residents in care.
21 There was a designated storage space for the resident and staff files. The furniture in the facility is in
22 good condition. The facility's cooling and heating system is operational and the LPAs observed the air
23 temperature at 75 degrees Fahrenheit (F) and the hot water at 112 degrees F.
24
25

NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris

NAME OF LICENSING PROGRAM ANALYST: Jarred Torres



DATE: 02/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 02/24/2026

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.

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
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FACILITY NAME: AVERY GARDEN ASSISTED LIVING- RIVERSIDE

FACILITY NUMBER: 331881454

VISIT DATE: 02/24/2026

NARRATIVE	
1	The LPAs observed the medications to be locked and inaccessible to residents in care. The medication
2	supply was sufficient for the five residents in care. No discrepancies with medication were observed.
3	
4	The LPAs observed an adequate food supply of non-perishable and perishable foods which consisted of
5	fresh fruit, fresh vegetables, starchy foods, frozen meats, and snacks. The supply of dishes and utensils
6	was sufficient for the residents in care.
7	
8	The LPAs observed adequate staff being present for the supervision of the residents in care. Floor
9	plans, telephone numbers and personal rights were observed posted in the facility. The administrator,
10	Linda Thomas, has a valid Residential Care Facility for the Elderly license which expires on 8/7/2027.
11	
12	The LPAs reviewed staff files and client files. The staff files are current, which includes, but is not limited
13	to, TB tests showing a negative result, completed trainings, and first aid certifications. Resident files
14	were reviewed and the LPAs found no discrepancies.
15	
16	The LPAs reviewed the emergency disaster plan and fire clearance. The last emergency drill was
17	conducted on 1/24/2026. The emergency disaster plan meets the department's standards.
18	
19	The LPAs observed the hand washing stations in the facility restrooms. The restrooms contained the
20	required non-medicated soaps and single-use hand towels. Additionally, the facility has an approved
21	infection control plan in their files.
22	
23	An exit interview was conducted and a copy of this report was discussed and provided to the licensee,
24	whose signature on this form confirms receipt of these documents.
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NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris	
NAME OF LICENSING PROGRAM ANALYST: Jarred Torres	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 02/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/24/2026
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