

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331881518
Report Date: 04/08/2026
Date Signed: 05/06/2026 09:52:53 AM

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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:	BOUNTIFUL GARDENS	FACILITY NUMBER:	331881518
ADMINISTRATOR/WHITE, MALCOLM E DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	291 BRANDON WAY	TELEPHONE:	(619) 347-2140
CITY:	HEMET	STATE: CA	ZIP CODE: 92545
CAPACITY: 6		CENSUS: 3	DATE: 04/08/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	09:30 AM
MET WITH:	Sunny Rosete	BEGAN: TIME VISIT/INSPECTION	11:30 AM
		COMPLETED:	

NARRATIVE	
1	On 4/8/2026 Licensing Program Analyst (LPA) Mia Lankford conducted an unannounced Annual
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5	The LPA conducted a tour of the facility's interior and exterior. LPA observed three (3) residents in care. The facility is made up of a one-story home with eight (8) bedrooms, six (6) resident bedrooms, two (2) Staff bedrooms, one (1) Office room; three (3) bathrooms, a kitchen, living/family room, laundry room and garage. The LPA did not observe bodies of water on the premises. The physical plant is in good repair. Indoor and outdoor passageways are free of obstruction. The LPA observed (3) charged fire extinguisher mounted in the kitchen and one (1) in the living room last serviced 4/6/2026. The LPA tested the smoke alarms and carbon monoxide detectors and found them to be operable. LPA observed that the resident files and the centrally stored medications are in a locked door in the kitchen. Resident bedrooms had the required bedding, furniture, closet storage, and functional lighting. Additional linen and towels are available for the residents.
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16	LPA toured the kitchen and observed that food was stored in a safe and healthful manner. The facility had a 2-day supply of perishable food items and 7-day supply of nonperishable food items. Sharps and knives are in a locked kitchen cabinet.
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20	CONT.....
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NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris
NAME OF LICENSING PROGRAM ANALYST: Mia Lankford

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/08/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: BOUNTIFUL GARDENS	FACILITY NUMBER: 331881518
	VISIT DATE: 04/08/2026

NARRATIVE	
1	CONT...
2	The LPA toured the bathrooms and observed bathrooms to be in safe and sanitary conditions. The LPA
3	observed that all the cleaning solutions and detergents are locked in hall closet.
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5	Living/family room has a working television and adequate seating in common areas. LPA observed the
6	activity area and fireplace in the living room which has an appropriate barrier. The facility has a central
7	heating and air conditioning system installed with a central panel located in the hallway to control entire
8	house, temperature at 68 Fahrenheit.
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10	Emergency disaster plans, personal rights, and complaint procedures were posted in the wall near the
11	entrance. LPA observed a complete first aid kit and manual.
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13	During today's visit, LPA did not observe any issues or concerns.
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18	An exit interview was conducted and a copy of this report was provided to the Caregiver Sunny Rosete.
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NAME OF LICENSING PROGRAM ANALYST: Mia Lankford	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/08/2026
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