

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 331881582  
**Report Date:** 10/06/2025  
**Date Signed:** 10/06/2025 11:41:31 AM

**Document Has Been Signed on** 10/06/2025 11:41 AM - **It Cannot Be Edited**

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:	MURRIETA GARDENS	FACILITY NUMBER:	331881582
ADMINISTRATOR/KAVENAUGH, BRITTANY		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(951) 600-7676
ADDRESS:	24200 MONROE AVE	ZIP CODE:	92562
CITY:	MURRIETA	STATE: CA	
CAPACITY:	126	CENSUS: 48	DATE: 10/06/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	09:20 AM
MET WITH:	Administrator, Kylee Carter	BEGAN: TIME VISIT/INSPECTION	11:50 AM
		COMPLETED:	

NARRATIVE	
1	On 10/6/2025, Licensing Program Analyst (LPA) Valerie Flores conducted an unannounced 1-year
2	required visit. LPA met with Administrator, Kylee Carter, and explained to Kylee the purpose of the visit.
3	Administrator Kylee granted LPA entry to the memory care facility. During the visit, LPA conducted a tour
4	of the facility and observed the following:
5	
6	The facility is a two-story structure which consist of (61) sixty-one units. The facility is licensed for (126)
7	one hundred and twenty-six non-ambulatory residents to which (20) twenty may be bedridden on the
8	first level only. The Licensee was observed to be operating with their scope. LPA observed kitchen to be
9	clean and free of rubbish. Food is stored in a safe and healthful manner by ensuring all food items were
10	properly dated and free of mold. Utensils and dishware are sufficient for the approved capacity. LPA
11	observed food supply met the requirement for a (2) two-day supply of perishable food and (7) seven-day
12	supply of non-perishable food. Sharps are secured in the locked kitchen and inaccessible to the
13	residents. During the visit, LPA observed food staff preparing food. All persons engaging in food
14	preparation and service were observed to maintain personal hygiene and proper sanitation practices to
15	protect the food from contamination. Indoor/outdoor passageways were observed to be free of
16	obstruction. Fire extinguisher is charged and up to date. Resident bedrooms were observed to be
17	equipped with the required bedding, furniture, seating, and functional lighting. Resident bathrooms were
18	observed to have working toilet, sinks, and were equipped with a grab bar in the shower and toilet
19	areas. LPA observed laundry room to be clean and inaccessible to residents as it housed cleaning
20	supplies. Washing machine and dryer were observed to be in good repair. LPA observed sufficient
21	amount of extra towels and linen located in the laundry room.
22	
23	(Continue to LIC809C...)
24	
25	

**NAME OF LICENSING PROGRAM MANAGER:** Anthony Perez

**NAME OF LICENSING PROGRAM ANALYST:** Valerie Flores

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 10/06/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 10/06/2025

**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.

<b>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</b>	<b>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</b>
<b>FACILITY EVALUATION REPORT (Cont)</b>	<b>COMMUNITY CARE LICENSING DIVISION</b>
	<b>RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27</b>
	<b>RIVERSIDE, CA 92507</b>

**FACILITY NAME:** MURRIETA GARDENS

**FACILITY NUMBER:** 331881582

**VISIT DATE:** 10/06/2025

<b>NARRATIVE</b>	
1	(Continuation from LIC809C...)
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3	The facility exits were equipped with permitted egress devices to ensure resident safety. All outdoor
4	pathways were free of obstructions. No bodies of water were observed. Licensee promotes socialization
5	by organizing (3) three or more planned activities to encourage physical activities, interactive games
6	between residents, and host socializing events. The facility maintains sufficient space to host these
7	interactive planned activities. A fire alarm service test report was conducted on 04/23/2025 by Murrieta
8	Fire and Rescue. The report indicated the fire alarm system to be in good repair. Per Administrator,
9	there are no firearms and/or ammunition on the premises.
10	
11	LPA conducted records review of (7) seven residents. Resident records included but not limited to
12	preplacement appraisals, assessments, medical and dental, needs and services plans, physician
13	reports, personal rights, signed telecommunication device notifications, property and valuables, and
14	admission agreements. LPA conducted (3) three staff records. Staff records included but not limited to
15	valid CPR/First-aid Certification, health screenings, valid TB test, criminal record clearance, personnel
16	record. job application, and training's pertaining to job functions.
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18	An exit interview was conducted and a copy of this report will be provided to Administrator, Kylee Carter.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Anthony Perez	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Valerie Flores	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 10/06/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 10/06/2025
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