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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 335530134
Report Date: 01/06/2025
Date Signed: 01/06/2025 10:42:47 AM

Document Has Been Signed on 01/06/2025 10:42 AM **- It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 9-14-8201 , CA 95814

FACILITY NAME:	GARDENS OF RIVERSIDE, THE		FACILITY NUMBER:	335530134
ADMINISTRATOR/ DIRECTOR:	ODEN, STEPHANIE A.		FACILITY TYPE:	740
ADDRESS:	10849 ARLINGTON AVENUE		TELEPHONE:	(951) 637-8844
CITY:	RIVERSIDE	STATE: CA	ZIP CODE:	92505
CAPACITY: 98		CENSUS: 78	DATE:	01/06/2025
TYPE OF VISIT:	Office	ANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:10 AM
MET WITH:	Griselda "Gracie" Garcia, Administrator Steven Aron, Applicant		TIME VISIT/ INSPECTION COMPLETED:	10:15 AM

NARRATIVE

Component II completion: Successful

Facility Type: **Residential Care Facility of the Elderly (RCFE)**
Application Type: **Change in Ownership (CHOW)**
Capacity: **98**
Census (if any clients in care): **78**
COMP II Participants: **Griselda Garcia, New Administrator**
Steven Aron, Applicant
Interview Method: **Telephone interview**

On January 6, 2025 at 9:15 AM, Applicant and Administrator participated in COMP II. Identification of the Applicant and Administrator was verified through interview questions based on photo ID and other identifying personal information. During COMP II, Applicant and Administrator confirmed that they have read and understand community care facility licensing laws included in the Health and Safety Codes and the California Code of Regulations Title 22.

During COMP II, CAB analyst confirmed Applicant and Administrator's understanding of following areas:
1. Facility Operation: License type, client/resident populations, and program
2. Admission Policies

3. Staffing Requirements & Training
4. Restrictive/Prohibited Health Conditions
5. General Provisions
6. Emergency Preparedness
7. Complaints & Reporting
8. Pre-licensing Readiness

Exit interview conducted with Applicant and Administrator. Copy of report sent via email and request to return sign copy by end of business day today.

NAME OF LICENSING PROGRAM MANAGER: Joshua Miller
NAME OF LICENSING PROGRAM ANALYST: Celia Phomphachanh
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/06/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/06/2025

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