

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 336425448  
Report Date: 09/01/2022  
Date Signed: 09/01/2022 10:11:13 AM

Document Has Been Signed on 09/01/2022 10:11 AM - 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: PEBBLE BROOK SENIOR HOME CARE	FACILITY NUMBER: 336425448
ADMINISTRATOR: WINSTON FALCON	FACILITY TYPE: 740
ADDRESS: 33722 PEBBLE BROOK CIRCLE	TELEPHONE: (951) 303-0253
CITY: TEMECULA	STATE: CA
CAPACITY: 6	ZIP CODE: 92592
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Winston Falcom, Administrator	DATE: 09/01/2022
	UNANNOUNCED TIME BEGAN: 09:30 AM
	TIME COMPLETED: 10:20 AM

NARRATIVE	
1	Licensing Program Analyst (LPA), Chinwe Nwogene made an unannounced visit to the facility to
2	conduct an annual inspection focused on infection control. LPA was greeted and granted entry by
3	Administrator, Winston Falcom who was informed of the purpose of the visit. At the time of visit there
4	was 3 staff and 6 residents present. The facility currently has zero positive or suspected Covid-19 cases.
5	
6	During today's visit, LPA toured the facility inside and out with Winston Falcom and made observations
7	regarding the infection control measures that the facility has implemented. LPA observed Covid-19
8	postings posted throughout the facility. The facility has an adequate amount of hand hygiene supplies
9	(soap, hand sanitizer and paper towels) in all restrooms. LPA did not observe any pools or bodies of
10	water within the premises. LPA was informed that no weapons or ammunition is maintained at the home.
11	No annual fees due.
12	
13	The facility has a plan in place to monitor residents regularly for any changes in condition, which
14	includes daily temperature checks. The Facility will contact the resident's physician should there be any
15	event of COVID-19 related illnesses. The facility has a designated infection control lead. The facility also
16	cleans and disinfects the highly touched surfaces during each shift, and as needed. LPA observed PPE
17	supplies. No deficiencies noted at the time of visit.
18	
19	An exit interview was conducted, and a copy of this report was reviewed and provided to Winston
20	Falcom.
21	
22	
23	
24	
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Deborah Mullen
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Chinwe Nwogene

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 09/01/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 09/01/2022

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