

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336425448

Report Date: 09/11/2024

Date Signed: 09/11/2024 12:21:11 PM

Document Has Been Signed on 09/11/2024 12:21 PM - 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
FACILITY EVALUATION REPORT	

FACILITY NAME: PEBBLE BROOK SENIOR HOME CARE	FACILITY NUMBER: 336425448
ADMINISTRATOR/WINSTON FALCON	FACILITY TYPE: 740
DIRECTOR:	
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
	DATE: 09/11/2024
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 10:20 AM
MET WITH: Winston Falcon, Administrator	TIME VISIT/INSPECTION
	COMPLETED: 12:35 PM

NARRATIVE	
1	On 09/11/24 at 10:20am Licensing Program Analyst (LPA) Javina George to conduct an unannounced
2	annual visit 1 year required visit. LPA was greeted an granted entry by Caregiver Maria Guterrez, where
3	LPA explained the purpose of the visit. The Administrator Winston Falcon had accompanied a resident
4	to an appointment and arrived at 11:32am.
5	
6	The facility is approved for six (6) bedridden residents, aged 60 and older. The facility has an approved
7	dementia plan of operation and a hospice waiver for 4 residents. There are currently (2) residents
8	receiving hospice services, in addition to (2) residents receiving home health services.
9	
10	LPA conducted a tour of the interior and exterior areas of the facility. The facility is a single story home
11	consisting of 5 resident bedrooms, and 3 bathrooms, laundry room, living room, kitchen, garage and
12	backyard. The resident bedrooms beds were observed to have clean linens, a chest of drawers, and
13	night stand. The facility was observed to be clean, and clutter free. The hot water temperature was
14	tested and measured 112-113 degrees Fahrenheit within regulatory limits. The facility has (2) fully
15	charged fire extinguishers, with the tags in tact.
16	
17	The medications are stored in a locked cabinet in the hallway, across from the laundry room. The smoke
18	and carbon monoxide detectors were tested and observed to be operable. The facility conducts
19	emergency disaster drills on a quarterly basis, the last drill was conducted in June 2024, a drill is due by
20	the end of the month in order to remain in compliance.
21	
22	
23	LPA conducted a records review and observed for both staff and residents. All staff present were
24	observed to have obtained criminal record clearance and to be associated to the facility, as well as to
25	possess valid CPR certification. The administrator Winston was observed to have a valid administrator's
	certificate that expires 07/24/25. The resident files had the required documentation such as admissions
	agreement, medical and medical assessment.

NAME OF LICENSING PROGRAM MANAGER: Tricia Danielson
NAME OF LICENSING PROGRAM ANALYST: Javina George
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 09/11/2024

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 09/11/2024

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

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

FACILITY NAME: PEBBLE BROOK SENIOR HOME CARE

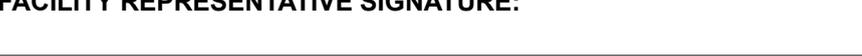
FACILITY NUMBER: 336425448

VISIT DATE: 09/11/2024

NARRATIVE	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>The facility food supply was observed to meet the requirements of a 2 day supply of perishable and a 7 day supply of non perishable food items. Based on today's inspection no deficiencies were issued in accordance with the California Code of Regulations (Title 22, Division 6, Chapter 8).</p> <p>An exit interview was conducted and a copy of this report was provided to Winston Falcon, Administrator.</p>

NAME OF LICENSING PROGRAM MANAGER: Tricia Danielson
NAME OF LICENSING PROGRAM ANALYST: Javina George
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 09/11/2024

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 09/11/2024

