

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336425448
Report Date: 08/26/2026
Date Signed: 08/26/2026 07:23:54 PM

Document Has Been Signed on 08/26/2026 07:23 PM - 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	
FACILITY EVALUATION REPORT			
FACILITY NAME: PEBBLE BROOK SENIOR HOME CARE		FACILITY NUMBER:	336425448
ADMINISTRATOR/WINSTON FALCON		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(951) 303-0253
ADDRESS:	33722 PEBBLE BROOK CIRCLE	ZIP CODE:	92592
CITY:	TEMECULA	STATE: CA	
CAPACITY: 6		CENSUS: 6	
TYPE OF VISIT:	Required - 1 Year	DATE:	08/26/2026
		UNANNOUNCED TIME VISIT/ INSPECTION	01:15 PM
		BEGAN:	
MET WITH:	ADMINISTRATOR, WINSTON FALCON	TIME VISIT/ INSPECTION	03:43 PM
		COMPLETED:	

NARRATIVE	
1	On August 26, 2026, Licensing Program Analyst (LPA), Venus Mixson made an unannounced visit to
2	
3	
4	
5	
6	
7	LPA Mixson toured the facility along with Administrator, Winston Falcon and made observations
8	
9	
10	
11	
12	
13	Facility phone number is(951) 303-0253 and it is operable. LPA Mixson observed residents' bedrooms,
14	
15	
16	
17	
18	
19	LPA observed audible alarms on the exit doors throughout the facility. There are no pools or bodies of
20	
21	
22	
23	
24	
25	LPA observed three fire extinguishers that were serviced on 08/20/2026 Western Fire Co. INC. Fire and

disaster drills are current and occur quarterly. Last drill met regulations and was conducted by Administrator. LPA observed the kitchen to be clean and free of odor. Food supplies are sufficient to meet Title 22 requirements.

Jazmond D Harris
Venus Mixson



DATE: 08/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/26/2026

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

LIC809 (FAS) - (06/04)
California Health & Human Services Agency

Page: 1 of 3
California Department of Social Services

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.

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

FACILITY NAME: PEBBLE BROOK SENIOR HOME CARE

FACILITY NUMBER: 336425448

VISIT DATE: 08/26/2026

NARRATIVE	
1	Medications were locked and inaccessible to residents in care. Additionally, there were a sufficient supply of medication. There were no documented errors observed on the centrally stored medication forms, and medications were stored in their original containers at the time of the visit. The facility has two caregivers on site at the time of the visit. The non-perishable and perishable food supply is sufficient per regulations, and there are a variety of food types available for residents at this time. Dishes and utensils were in sufficient supply and stored properly, and sharp items are locked. The overall facility is clean; the furniture is in good condition and arranged in a manner which provides space for residents to move safely. The facility cooling system and other appliances were operable at the time of this visit. Administrator informed LPA there were safety lights for night throughout the facility. There were adequate staff present for the supervision of residents in care. The floor plans, telephone numbers and personal rights were found posted in the facility. LPA reviewed staff files and the facility's staff schedule. Staff files reviewed comprise required documents. The resident files reviewed had the essential paperwork as per Regulations at the time of this visit. LPA observed the facility training binder and the binder was organized. LPA reviewed the facility's emergency and disaster plan as well as the disaster training binder. An exit interview was conducted. A copy of this report was reviewed and given to Winston Falcon, Administrator.
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	

NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris	
NAME OF LICENSING PROGRAM ANALYST: Venus Mixson	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/26/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/26/2026