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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331800055
Report Date: 08/25/2026
Date Signed: 08/25/2026 04:45:36 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507

FACILITY NAME:	COTTAGES AT HEMET		FACILITY NUMBER:	331800055
ADMINISTRATOR/ DIRECTOR:	BARBARA BOGOJE		FACILITY TYPE:	740
ADDRESS:	1177 S PALM AVE		TELEPHONE:	(951) 923-2844
CITY:	HEMET	STATE: CA	ZIP CODE:	92543
CAPACITY: 110		CENSUS: 89	DATE:	08/25/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	01:30 PM
MET WITH:	Barbara Bogoje, Executive Director		TIME VISIT/ INSPECTION COMPLETED:	04:50 PM

NARRATIVE

On 08/25/26 Licensing Program Analyst (LPA) Ahliah Sharp made an unannounced visit to the facility to conduct an annual required visit. LPA met with Executive Director Barbara Bogoje, where LPA explained the purpose of the visit.

The facility consists of six (6) single story cottages with fifteen bedroom/bathroom units in each cottage. There is a total of four (4) cottages dedicated to assisted living residents and two (2) cottages dedicated to memory care residents.

LPA conducted a review of both staff and resident record files. LPA reviewed five (5) resident files that were observed to have most of the required documents such as medical assessment, needs and services plan, but of those five (5) three (3)did not have the updated appraisals or updated Physician's Orders; a deficiency was issued. Staff files reviewed had the Department's required training records and valid first aid/CPR certification. LPA reviewed the facility's Fire Drill logs and noted the facility's last fire drill was conducted on 5/26/2026.

The kitchen, which is in the main building, was observed to be clean, and clutter free. There was plenty of cook ware, dishes and utensils to serve the residents in care. The facility was observed to have the required two (2) day supply of perishable and seven (7) day supply of nonperishable food items. All meals are prepared in the kitchen and delivered to each cottage. Each cottage has an independent dining room, which consists of a kitchenette that was observed to have food warmers, refrigerators, and pantry. In one of the memory care cottages, the laundry room was observed to be unlocked where chemicals were easily accessible to residents in care.

Cont. on LIC 809C...

Jacob Garber
Ahliah Sharp

	**DATE:** 08/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

	**DATE:** 08/25/2026

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.

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Created By: Ahliah Sharp On 08/25/2026 at 03:59 PM
Link to Parent Document Below:

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

FACILITY NAME: COTTAGES AT HEMET **FACILITY NUMBER:** 331800055
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/25/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87309(a)	

Storage Space and Access

(a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in three (3) areas which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 09/01/2026
	Plan of Correction
1 2 3 4	Facility will provide training to staff and provide proof of training via email to LPA by the COB on date listed above.

	Type A	Section Cited	CCR	87465(c)(2)	

Incidental Medical and Dental Care Services

(c) If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the resident with self-administration, provided all of the following requirements are met: (2) Once ordered by the physician the medication is given according to the physician's directions.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation inteview, and record review, the licensee did not comply with the section cited above in three out of five records audited which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 09/22/2026
	Plan of Correction
1 2	Facility will audit each resident's medication, train all MedTechs on proper procedures for handling medication, and provide proof to LPA via email, that the training has been completed.

3 4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Jacob Garber
NAME OF LICENSING PROGRAM ANALYST:	Ahliah Sharp
LICENSING PROGRAM ANALYST SIGNATURE:	**DATE:** 08/25/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	**DATE:** 08/25/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87466	

Observation of the Resident

The licensee shall ensure that residents are regularly observed for changes in physical, mental, emotional and social functioning and that appropriate assistance is provided when such observation reveals unmet needs. When changes such as unusual weight gains or losses or deterioration of mental ability or a physical health condition are observed, the licensee shall ensure that such changes are documented and brought to the attention of the resident's physician and the resident's responsible person, if any.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, interview , and record review, the licensee did not comply with the section cited above in three (3) out of five (5) files audited which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 09/22/2026
	Plan of Correction
1 2 3 4	Facility will audit each resident's file and provide proof to LPA via email, that all records are current and accurate and will ensure to keep up with them annually or as the needs change, whicever comes first.

	Type B	Section Cited	CCR	87625(b)(3)	

Managed Incontinence

(b) In addition to Section 87611, General Requirements for Allowable Health Conditions, the licensee shall be responsible for the following: (3) Ensuring that incontinent residents are kept clean and dry and that the facility remains free of odors from incontinence.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, interview, record review, the licensee did not comply with the section cited above in two out of [total count five (5) rooms observed which poses/posed a potential health, safety or personal rights risk to persons in care.

POC Due Date: 09/22/2026

	Plan of Correction
1 2 3 4	Facility will conduct training to Carestaff and provide proof to LPA via email, that all relevant staff have received training.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER: Jacob Garber

NAME OF LICENSING PROGRAM ANALYST: Ahliah Sharp

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/25/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/25/2026

NARRATIVE

Continued from LIC809...

This posed an immediate health and safety risk to residents in care, and a deficiency was issued. Additionally, sharp items (knife) were not locked up in that same cottage.

The residents' bedrooms were observed to be clean and odor free in most of the cottages, but in one specifically, as soon as the door opened, it was a noticeably offensive odor that immediately overtook the air. Upon entering, there was water all over and the resident was frantically saying, "Help me, what is going on?". Everywhere LPA looked, feces was present; the bed, the floor, bathroom. When speaking with staff, it was reported, that this resident has severe incontinence issues stated, "Resident just poops everywhere, no matter what we do, it doesn't matter; it is all day every day, their spouse tries to help, but nothing works, they even refuse to shower, which makes it even worse". In another room, it was observed to have two diapers that were full of feces in the bathroom on the floor as well. This poses health and safety concerns, and a citation was issued.

The cottages were all at comfortable temperatures and within regulation. The medications are locked inside medication carts, but when randomly auditing, LPA observed a few residents to have had medication punched for days that had yet to arrive. When LPA asked MedTech about it, they were unable to provide a justification as to what occurred, therefore presenting an immediate health and safety issue. Deficiency was issued. Each cottage was observed to have fully charged fire extinguishers that were tested on 8/4/2026.

An exit interview was conducted and a copy of this report, along with the 809D for each deficiency issued and the appeal rights were reviewed and provided to ED Bogoje.

NAME OF LICENSING PROGRAM MANAGER: Jacob Garber
NAME OF LICENSING PROGRAM ANALYST: Ahliah Sharp
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 08/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
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