

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331800223

Report Date: 03/17/2026

Date Signed: 03/17/2026 04:51:54 PM

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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:	YORKSHIRE VILLAGE	FACILITY NUMBER:	331800223
ADMINISTRATOR/DIRECTOR:	TERESA MAPILIS	FACILITY TYPE:	740
ADDRESS:	26933 CORNELL ST	TELEPHONE:	(951) 658-1068
CITY:	HEMET	STATE:	CA
CAPACITY:	100	ZIP CODE:	92544
TYPE OF VISIT:	Case Management - Incident	CENSUS:	95
		DATE:	03/17/2026
		UNANNOUNCED TIME VISIT/INSPECTION:	11:06 AM
		BEGAN:	
MET WITH:	Teresa Mapilis	TIME VISIT/INSPECTION:	04:55 PM
		COMPLETED:	

NARRATIVE

1 On March 17, 2026, Licensee Program Analyst (LPA), Tremayne Barra made an unannounced case
2 management incident visit. LPA was greeted and granted entry by facility staff. Executive Director,
3 Teresa Mapilis met with LPA shortly after LPAs arrival. Teresa was informed of the purpose of the visit.
4 Information received was pertaining to an elopement of Resident #1 (R1). During the investigation
5 process LPA conducted interviews, record reviews, and made observations pertaining to the elopement.
6
7 During the visit, LPA conducted an interview with Executive Director Mapilis, and obtained copies of
8 pertinent records. Per Mapilis, camera footage shows Resident #1 eloped from the facility through the
9 back door on 3/10/26 on or around 7:45PM unsupervised. Caregiver #1 (C1) noticed at or around 10PM
10 that R1 was missing from the facility. Law enforcement was notified. R1 was found in the brush in the
11 field owned by the facility on or around 11:20PM by law enforcement. Incident occurred again on
12 3/17/26. R1 eloped from the facility on or around 10:30PM. Caregiver #2 (C2) noticed R1 was missing
13 from the facility. Notified law enforcement on or around 1:10AM. R1 was found in nearby brush in the
14 field near the facility. The facility has 24/7 alarms on exit doors.
15
16 Needs and service plan was updated on 3/11/2026. Plan states that frequent supervision and redirection
17 would be given due to wondering on or off of the facility property. Exits would be monitored due to
18 elopement risk. Facility did not provide sufficient staffing and supervision during 3/17/2026 incident per
19 code 87463(J). R1 left the facility unnoticed for on or about 2 hours. As a result, the facility will be cited.
20 An exit interview was conducted and a copy of this report, LIC 809-D, Confidential Names list (LIC 811),
21 and Appeal Rights were reviewed and provided to Executive Director Mapilis.
22
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Anthony Perez

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature box]

DATE: 03/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature box]

DATE: 03/17/2026

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

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 III, 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: Tremayne Barra On 03/17/2026 at 03:55 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
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FACILITY NAME: YORKSHIRE VILLAGE

FACILITY NUMBER: 331800223

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/17/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/17/2026 Section Cited CCR 87463(j)	1 (j) The licensee shall evaluate staffing 2 needs to ensure that there is a 3 sufficient number of direct care staff, as 4 specified in Section 87411, Personnel 5 Requirements - General, to support 6 each residents physical, social, 7 emotional, safety and health care needs, as identified in their current appraisal.	1 Executive Director reported the facility 2 will schedule an additional staff 3 member for the noc shift to help monitor 4 residents every 30 minutes and check 5 facility exits. Training for elopement will 6 be conducted with all staff. Proof of 7 correction to be submitted to LPA by close of business on 03/18/2026.
	8 This requirement was not met as 9 evidenced by: Observing staff schedule 10 and interview with Executive Director. 11 Staff was unable to redirect or prevent 12 unnoticed elopement of R1. R1 Went 13 unnoticed for over 2 hours. 14	

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	Anthony Perez
MANAGER:	
NAME OF LICENSING PROGRAM	Tremayne Barra
ANALYST:	

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/17/2026