

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331800424
Report Date: 03/27/2026
Date Signed: 03/27/2026 03:13:02 PM

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

FACILITY NAME:	EASTVALE SENIOR HOME CARE II	FACILITY NUMBER:	331800424
ADMINISTRATOR/DIRECTOR:	BADILLA, ADELAIDA	FACILITY TYPE:	740
ADDRESS:	14318 PINTAIL LOOP	TELEPHONE:	(951) 220-7354
CITY:	EASTVALE	STATE:	CA
CAPACITY:	6	ZIP CODE:	92880
TYPE OF VISIT:	Required - 1 Year	CENSUS:	6
		DATE:	03/27/2026
		UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 11:00 AM
		TIME VISIT/INSPECTION	COMPLETED: 03:30 PM
MET WITH:	Administrator Jerome Alim		

NARRATIVE	
1	Licensing Program Analyst (LPA) Raquel Hernandez made an unannounced visit to the facility. The
2	purpose of the visit was to conduct a required comprehensive annual inspection. LPA met with
3	Caregiver Nenita Gorospe and was granted entry to the facility. The facility is a (5) bedroom (2)
4	bathroom home and, with a kitchen/dining area, living room, attached garage. LPA was accompanied by
5	Administrator Jerome Alim to conduct a general overall inspection, which included, but was not limited
6	to, the following:
7	
8	<u>Physical Plant:</u> The facility is operating in the capacity approved by Community Care Licensing (CCL).
9	There are no obstructions to indoor and outdoor passageways. The facility is maintained at a
10	comfortable temperature. LPA inspected client bedrooms; they are equipped with required furniture such
11	as: mattresses, nightstands, storage space, and sufficient lighting; bathrooms were clean, and
12	appliances were operating appropriately. LPA observed sufficient furniture and lighting throughout the
13	facility. The facility is equipped with operating smoke detectors and carbon monoxide alarms. Posters
14	such as personal rights, the CCL complaint poster, and the disaster plan were posted in a common area.
15	There was a designated office that stored resident/staff files. Overall, the facility is clean, in good repair,
16	and operating in safe conditions for clients in care.
17	
18	<u>Food Service:</u> Non-perishable and perishable food supply is sufficient for number of clients in care.
19	Facility has a variety of food available for clients. Dishes, cups, and utensils were also stored properly.
20	
21	<u>Care & Supervision:</u> Facility has sufficient care staff for coverage 24 hours a day, 7 days a week.
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER:	Efren Malagon
NAME OF LICENSING PROGRAM ANALYST:	Raquel Hernandez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/27/2026

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.

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

FACILITY NAME: EASTVALE SENIOR HOME CARE II

FACILITY NUMBER: 331800424

VISIT DATE: 03/27/2026

NARRATIVE	
1	Record Review: LPA reviewed (3) resident files for admission agreements, updated physician reports,
2	and needs and services plans. LPA observed incomplete Appraisal/Needs and Services Plan for
3	Resident #1 (R1) and and Resident #3 (R3). Deficiency will be issued. Additionally, LPA observed no
4	Reappraisal forms for R1 and R3. Deficiency will be issued. A previous licensing report was issued on
5	03/27/2025 giving notice of the same violation. Because you have been cited for repeating the same
6	violation within 12 months, the following civil penalty shall be assessed until the violation is corrected. An
7	immediate civil penalty of \$250 is hereby assessed for the date of 03/27/2026. LPA reviewed (3)
8	resident medications. LPA observed PRN medication for Resident #2 (R2) and Resident #3 (R3) to not
9	be documented properly on Medication Administration Record (MAR). Deficiency will be issued.
10	Additionally, LPA observed (2) medications not labeled or prescribed by a physician in Resident #3 (R3)
11	medications. Deficiency will be issued. LPA also reviewed (2) staff files for First Aid/CPR certification,
12	criminal record clearance, trainings, and health screenings. No issues observed. Per record review, LPA
13	observed facility accepted (4) hospice residents when facility is only licensed for (2). Deficiency will be
14	issued.
15	
16	Based on the observations made during today's visit, deficiencies were cited per Title 22, Division 6, of
17	the California Code of Regulations.
18	
19	An exit interview was conducted, and this report (LIC809), (LIC809D), and LIC421IM was discussed and
20	provided to Administrator Jerome Alim. Along with copy of appeal rights.
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NAME OF LICENSING PROGRAM MANAGER: Efren Malagon	
NAME OF LICENSING PROGRAM ANALYST: Raquel Hernandez	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 03/27/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/27/2026

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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: EASTVALE SENIOR HOME CARE II**FACILITY NUMBER:** 331800424**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 03/27/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87465(h)(4)	
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Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored: (4) All centrally stored medications shall be labeled and maintained in compliance with state and federal laws. No persons other than the dispensing pharmacist shall alter a prescription label.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on observation and record review, the licensee did not comply with the section cited above by not ensuring Resident #3 (R3) medication was properly labeled, which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 04/08/2026	
Plan of Correction	
1	Administrator stated to receive request physician to prescribed R3 the two medications that were not labled and send proof to LPA Hernandez by Plan of Correction (POC) due date.
2	
3	
4	

	Type A	Section Cited	CCR	87465(d)(3)	
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Incidental Medical and Dental Care Services

(d) If the resident is unable to determine his/her own need for a prescription or nonprescription PRN medication, and is unable to 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: (3) The date and time the PRN medication was taken, the dosage taken, and the resident's response shall be documented and maintained in the resident's facility record.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on observation and record review, the licensee did not comply with the section cited above by not ensuring Resident #2 (R2) and Resident #3 (R3) PRN medication was properly documented, which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 03/30/2026	
Plan of Correction	
1	Administrator stated to go over with facility staff the appropriate way to properly document all PRN medications. POC will be cleared.
2	
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: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Raquel Hernandez
LICENSING PROGRAM ANALYST SIGNATURE:

**DATE:** 03/27/2026

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

**Document Has Been Signed on 03/27/2026 03:13 PM - It Cannot Be Edited****Created By: Raquel Hernandez On 03/27/2026 at 02:41 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:** EASTVALE SENIOR HOME CARE II**FACILITY NUMBER:** 331800424**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 03/27/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)****Type B****Section Cited****CCR****87463(a)****Reappraisals**

(a) The pre-admission appraisal, as specified in Section 87457, Pre-Admission Appraisal, shall be updated, in writing as frequently as necessary or once every 12 months, whichever occurs first, to note significant changes in condition, as defined in Section 87101, Definitions, and to keep the appraisal accurate. For the purposes of this section, the updated pre-admission appraisal shall be referred to as the reappraisal.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on observation and record review, the licensee did not comply with the section cited above by not
2 ensuring a reappraisal was completed for Resident #1 and Resident #3, which poses a potential health,
3 safety or personal rights risk to persons in care.
4

POC Due Date: 04/15/2026**Plan of Correction**

1 Administrator stated to submit reappraisals for R1 and R3 to LPA by Plan of Correction (POC) due date.
2
3
4

Type B**Section Cited****HSC****1569.695(e)(2)****Other Provisions**

(e) A facility shall have all of the following information readily available to facility staff during an emergency:
(2) An appraisal of resident needs and services plan for each resident.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on observation and record review, the licensee did not comply with the section cited above by not
2 ensuring R1 and R3 have a completed needs and services plan which poses a potential health, safety
3 or personal rights risk to persons in care.
4

POC Due Date: 04/15/2026**Plan of Correction**

1 Administrator stated to submit needs and services plan for R1 and R3 to LPA by POC due date.
2
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.

Efren Malagon

NAME OF LICENSING PROGRAM
MANAGER:
NAME OF LICENSING PROGRAM
ANALYST:
LICENSING PROGRAM ANALYST SIGNATURE:

Raquel Hernandez

DATE: 03/27/2026

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FACILITY REPRESENTATIVE SIGNATURE:

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FACILITY NUMBER: 331800424

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/27/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87633(a)(1)	
Hospice Care for Terminally Ill Residents					
(a) The licensee shall be permitted to accept or retain residents who have been diagnosed as terminally ill by his or her physician and surgeon and who may or may not have restrictive and/or prohibited health conditions, to reside in the facility and receive hospice services from a hospice agency in the facility, when all of the following conditions are met: (1) The licensee has received a hospice care waiver from the department.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation and record review, the licensee did not comply with the section cited above by not ensuring a hospice care waiver increase was sent and approved by licensing department which poses a potential health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 04/03/2026				
	Plan of Correction				
1	Administrator stated to submit a hospice care waiver increase to LPA by POC due date.				
2					
3					
4					

	Section Cited			
Deficient Practice Statement				
1				
2				
3				
4				
	POC Due Date:			
	Plan of Correction			
1				
2				

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:**

Efren Malagon

**NAME OF LICENSING PROGRAM
ANALYST:**

Raquel Hernandez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/27/2026

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DATE: 03/27/2026