

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 331880924

Report Date: 11/21/2025

Date Signed: 11/21/2025 12:44:09 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	CITRUS PLACE	FACILITY NUMBER:	331880924
ADMINISTRATOR/DIRECTOR:	VICKY TORRES	FACILITY TYPE:	740
ADDRESS:	7898 CALIFORNIA AVENUE	TELEPHONE:	(951) 687-2241
CITY:	RIVERSIDE	STATE:	CA
CAPACITY:	140	ZIP CODE:	92504
TYPE OF VISIT:	Required - 1 Year	DATE:	11/21/2025
MET WITH:	Executive Director Megan Blacher	UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	09:10 AM
		TIME VISIT/INSPECTION COMPLETED:	12:50 PM

### NARRATIVE

1 Licensing Program Analyst (LPA), Armando Perez made an unannounced visit to the facility for the  
2 purpose of conducting a required annual inspection. The LPA was granted entry by staff to conduct the  
3 inspection and met with Executive Director Megan Blacher. The LPA informed the Executive Director of  
4 the purpose for the visit. The inspection included the following:  
5  
6 The facility licensed with the department is comprised of a memory care unit and assisted living. The  
7 facility does have a pool which has a locked gate surrounding it. No fire arms are kept at the facility. LPA  
8 toured the facility inside and outside. LPA observed the facility to be clean and in good repair. The facility  
9 is maintained at a comfortable temperature for the clients. Lighting is sufficient for safety and comfort. All  
10 outdoor and indoor passageways are kept free of obstruction and debris. . LPA inspected 10 (10) client  
11 rooms and observed the required bed, chair, grab bars for each toilet, and shower used by residents.  
12 Resident showers have non-skid mats present.  
13  
14 LPA began review of client records. eight (8) records were reviewed. LPA reviewed for identification and  
15 emergency information, admission agreement, medical assessment, TB test results, needs and service  
16 plans, centrally stored medication/destruction records, safeguard for personal property/valuables, and  
17 personal rights notification. LPA observed client records to be available and complete.  
18  
19 LPA reviewed employee records- eight (8) records were reviewed. LPA reviewed employee records for  
20 first aid certification, criminal record clearance or an exemption, health screening and TB test results,  
21 employee rights, training verification, and current administrator certification; expiration date 09/30/2026.  
22 LPA observed personnel records to be available and complete.  
23  
24  
25

NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris

NAME OF LICENSING PROGRAM ANALYST: Armando Perez

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 11/21/2025**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/21/2025**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.

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

**FACILITY NUMBER:** 331880924

**VISIT DATE:** 11/21/2025

<b>NARRATIVE</b>	
<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>LPA observed facility kitchen had the ability to prepare food in clean environment and possessed equipment in good working condition. Food supply meets the requirement of one (1) week supply of nonperishable and two (2) day supply of perishables. Emergency food and water supply is present. There is a locked location for chemicals and sharps in the kitchen.</p> <p>Medications are centrally stored. There is a locked room in assisted living and an additional locked room in memory care allocated for medication storage. Digital centrally stored medication and destruction logs are maintained. Medications reviewed appear to have been dispensed accurately</p> <p>LPA made observation throughout the inspection process to assess if the facility remains in conformity with the State Fire Marshall regulations. Smoke detectors and carbon monoxide detectors were tested and found to be operational. Multiple fire extinguishers were observed to be serviced on 10/02/2025. Emergency drills are conducted monthly at the facility with the last drill on 10/31/2025.</p> <p>Based on the information received during this visit today in the areas reviewed, there are no deficiencies that are being cited per Title 22, Division 6 of The California Code of Regulations.</p> <p>This LIC 809 report was reviewed with the facility representative and a copy was provided.</p>

**NAME OF LICENSING PROGRAM MANAGER:** Jazmond D Harris  
**NAME OF LICENSING PROGRAM ANALYST:** Armando Perez  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_ **DATE:** 11/21/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 11/21/2025