

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331880986
Report Date: 01/10/2025
Date Signed: 01/10/2025 01:37:29 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: HONORS WAY CARE HOME	FACILITY NUMBER: 331880986
ADMINISTRATOR/VALDEZ, DIANA D DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 26818 HONORS WAY	TELEPHONE: (562) 338-5574
CITY: MORENO VALLEY	STATE: CA
CAPACITY: 6	ZIP CODE: 92555
TYPE OF VISIT: Required - 1 Year	CENSUS: 4
	DATE: 01/10/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 09:30 AM
MET WITH: Diana Valdez, Administrator	TIME VISIT/INSPECTION
	COMPLETED: 01:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA), Stephanie Martinez, conducted a required annual inspection at the
2	home. The LPA was allowed entrance into the facility and met with Administrator, Diana Valdez. The LPA
3	informed Valdez of the purpose for the visit. The inspection included the following:
4	
5	<u>Food Service:</u> The LPA inspected the facility's kitchen areas and food supply. The LPA observed all food
6	to be of good quality. All readily perishable foods and beverages capable of supporting rapid and
7	progressive growth of micro-organisms were stored in covered containers at appropriate temperatures.
8	Soaps, detergents, cleaning compounds and similar substances were stored in areas separate from
9	food supplies. All kitchen areas were kept clean and free of litter, rodents, vermin, and insects.
10	
11	<u>Physical Plant:</u> The facility consists of four (4) resident bedrooms, three (3) bathrooms, a kitchen and
12	two (2) dining areas, a living room area, a sitting room area, a garage and storage spaces, and a yard
13	with sufficient seating and space for activities. There are no bodies of water located on the property.
14	According to Administrator Valdez, no weapons are stored in the home. The facility is being maintained
15	at a comfortable temperature. All outdoor and indoor passageways were kept free of obstruction and are
16	free of debris and other trash. There are grab bars for toilets and showers used by residents. One
17	smoke detector and one carbon monoxide device were tested by staff and were observed to be in
18	operating condition. The facility was kept clean, organized and free of any odors.
19	
20	<u>Record Review:</u> Staff were observed to have appropriate fingerprint clearances. LPA did not observe
21	any excluded individuals on the premises at time of visit. Training on dementia care, postural supports,
22	restricted health conditions, hospice and medication administration was observed on file. Resident files
23	had admission agreements, medical assessments, and other required records on file. The licensee
24	appears to be operating the facility within the conditions specified on the license. The facility currently
25	has an approved Hospice Waiver for two (2) residents; and there are currently two (2) residents in care receiving hospice services.

NAME OF LICENSING PROGRAM MANAGER: Rikesh Stamps
NAME OF LICENSING PROGRAM ANALYST: Stephanie Martinez
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 01/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 01/10/2025

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

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</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: HONORS WAY CARE HOME

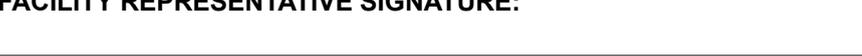
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VISIT DATE: 01/10/2025

NARRATIVE	
<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>There is an emergency disaster plan in place. The licensee (HONORS WAY CARE HOME LLC) is a current and active corporation. The LPA observed current liability insurance on file, which expires 03/04/2025.</p> <p><u>Medication Review:</u> The LPA inspected resident medications. Medications were observed to be well organized and inaccessible to unauthorized individuals. Centrally stored medication destruction records were observed on file.</p> <p>Administrator Valdez agreed to provide the LPA with a copy of the current liability insurance, staff schedule, and resident roster.</p> <p>An exit interview was conducted with Administrator Valdez, in which this report was reviewed, and a copy was provided. No citations were issued at time of inspection.</p>

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