

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331880986

Report Date: 02/19/2026

Date Signed: 02/19/2026 12:19:40 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/DIRECTOR:	VALDEZ, DIANA D	FACILITY TYPE:	740
ADDRESS:	26818 HONORS WAY	TELEPHONE:	5623385574
CITY:	MORENO VALLEY	STATE:	CA
CAPACITY:	6	ZIP CODE:	92555
TYPE OF VISIT:	Required - 1 Year	CENSUS:	4
		DATE:	02/19/2026
		UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 09:15 AM
MET WITH:	Miguel DeLacruz, Caregiver	TIME VISIT/INSPECTION	COMPLETED: 12:30 PM

NARRATIVE

1 On 2/19/2026, Licensing Program Analysts (LPA), Ahliah Sharp and Tremayne Barra, conducted an
2 unannounced required annual visit. The LPAs were allowed entrance into the facility and met with
3 Caregiver, Miguel DeLa Cruz. The LPAs informed Miguel of the purpose for the visit. Administrator,
4 Diana Valdez later arrived to assist with the inspection of the grounds. The inspection included the
5 following:
6
7 Food Service: The LPA inspected the facility's kitchen areas and food supply. The LPA observed all food
8 to be of good quality. The facility maintained the required (2) two day supply of perishable foods and (7)
9 seven day supply of non-perishable foods. LPA observed emergency food and water to be stored in the
10 garage. Knives and other sharp items were stored in a locked cabinet.
11
12 Physical Plant: The facility consists of four (4) resident bedrooms, three (3) bathrooms, a kitchen and
13 two (2) dinning areas, a living room area, a sitting room area, a garage and storage spaces, and a yard
14 with sufficient seating and space for activities. There are no bodies of water located on the property.
15 According to Caregiver Miguel, no weapons are stored in the home. The facility is being maintained at a
16 comfortable temperature 77 degrees. All outdoor and indoor passageways were kept free of obstruction
17 and are free of debris and other trash. There are grab bars for toilets and showers used by residents.
18 One smoke detector and one carbon monoxide device was tested by staff and were observed to be in
19 operating condition. The facility was kept clean, organized and free of any odors.
20
21 Record Review: Staff were observed to have appropriate fingerprint clearances.
22 Continued on LIC809C
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris

NAME OF LICENSING PROGRAM ANALYST: Ahliah Sharp

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 02/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 02/19/2026

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 FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
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FACILITY NAME: HONORS WAY CARE HOME

FACILITY NUMBER: 331880986

VISIT DATE: 02/19/2026

NARRATIVE	
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><u>Contiued from LIC 809</u></p> <p>LPA did not observe any excluded individuals on the premises at time of visit. Training on dementia care, postural supports, restricted health conditions, hospice and medication administration was observed on file.</p> <p>Resident files had admission agreements, medical assessments, and other required records on file. .</p> <p>The facility currently has an approved Hospice Waiver for two (2) residents; and there is currently one (1) resident in care, receiving hospice services.</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 03/04/2026.</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>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>

NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris	
NAME OF LICENSING PROGRAM ANALYST: Ahliah Sharp	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/19/2026

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FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 02/19/2026