

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331881252
Report Date: 10/29/2024
Date Signed: 10/29/2024 12:49:32 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: VICTORIA ANN ELDERLY CARE, LLC		FACILITY NUMBER:	331881252
ADMINISTRATOR/LARINA, IRINA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(951) 241-1312
ADDRESS: 3373 JUNE CT		ZIP CODE:	92503
CITY: RIVERSIDE	STATE: CA	DATE:	10/29/2024
CAPACITY: 6	CENSUS: 5	UNANNOUNCED TIME VISIT/INSPECTION	09:14 AM
TYPE OF VISIT: Required - 1 Year		BEGAN:	
MET WITH: Omar Canchola, Manager		TIME VISIT/INSPECTION	01:00 PM
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analyst (LPA), Stephanie Martinez, conducted a required annual inspection to the		
2	facility. The LPA was allowed entrance into the facility and met with Manager, Omar Canchola. The LPA		
3	informed the Manager of the purpose for the visit. The inspection included the following:		
4			
5	Physical Plant: The facility consists of four (4) resident bedrooms, two (2) bathrooms, one (1) storage		
6	room, a kitchen and dinning areas, a living room area, a garage/staff lounge area, and a sun room and		
7	yard with sufficient seating and space for activities. There are no bodies of water located on the		
8	property. According to Manager Canchola, no weapons are stored in the home. The facility is being		
9	maintained at a comfortable temperature. All outdoor and indoor passageways are kept free of		
10	obstruction and are free of debris and other trash. There are grab bars for each toilet, bathtub and		
11	shower used by residents. Resident showers have non-skid mats or strips present. The carbon		
12	monoxide and smoke detectors were tested by the Manager and were observed to be in operating		
13	condition. The home was kept clean, organized and free of any odors.		
14			
15	Food Service: There is a minimum of two (2) days supply of perishable foods and one (1) week's supply		
16	of non-perishable foods available. Sufficient dinning supplies were available for residents in care. A		
17	variety of food was available and stored in a safe and healthful manner.		
18			
19	Record Review: All staff were observed to have appropriate fingerprint clearances. LPA did not observe		
20	any excluded individuals on the premises at time of visit. Staff responsible for direct care and		
21	supervision have current first aid and CPR training. Dementia care and medication training was		
22	observed to be complete. Postural support, restricted health conditions and hospice care training was		
23	observed on file. Resident files had admission agreements, medical assessments, appraisal/needs and		
24	services plans, and other required records on file. The facility was not operating beyond the conditions		
25	specified on the license. The facility currently has an approved Hospice Waiver for six (6) residents and		
	there is currently one (1) residents in care		
SUPERVISORS NAME: Rikeshia Stamps			

LICENSING EVALUATOR NAME: Stephanie Martinez

LICENSING EVALUATOR SIGNATURE:



DATE: 10/29/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/29/2024

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

LIC809 (FAS) - (06/04)

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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

FACILITY NAME: VICTORIA ANN ELDERLY CARE, LLC

FACILITY NUMBER: 331881252

VISIT DATE: 10/29/2024

NARRATIVE

1 receiving hospice services. There is a disaster and mass casualty plan in place. Proof of emergency
2 drills were observed on file. All records were observed to be well organized and safely secured.
3 According to Manager Canchola, the LLC is active. The LPA observed current liability insurance on file.
4
5 Medication Review: The LPA inspected resident medications. Medications were observed to be well
6 organized, appropriately labeled and inaccessible to unauthorized individuals.
7
8 Manager Canchola agreed to provide the LPA with a copy of the current liability insurance, staff
9 schedule, resident roster, and designation of facility responsibility.
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11 An exit interview was conducted with Manager Canchola, in which this report was reviewed and a copy
12 was provided. No citations were issued during this visit.
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SUPERVISORS NAME: Rikeshia Stamps

LICENSING EVALUATOR NAME: Stephanie Martinez

LICENSING EVALUATOR SIGNATURE:

DATE: 10/29/2024

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/29/2024

LIC809 (FAS) - (06/04)

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