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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331881293
Report Date: 04/08/2026
Date Signed: 04/08/2026 12:38:32 PM

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

FACILITY NAME:	ANGELES HOME CARE		FACILITY NUMBER:	331881293
ADMINISTRATOR/ DIRECTOR:	MATAMOROS, MICHELLE		FACILITY TYPE:	740
ADDRESS:	32650 WESLEY STREET		TELEPHONE:	(951) 226-8259
CITY:	WILDOMAR	STATE: CA	ZIP CODE:	92595
CAPACITY: 6		CENSUS: 4	DATE:	04/08/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:30 AM
MET WITH:	Staff Leota Guevara		TIME VISIT/ INSPECTION COMPLETED:	12:45 PM

NARRATIVE

Licensing Program Analyst (LPA) Hannah Rodgers conducted an unannounced Required Annual Inspection. The facility file was reviewed prior to the visit. LPA was welcomed by and discussed the purpose of the visit to Staff Leota Guevara. The facility's license shows a maximum capacity of six (6) non-ambulatory residents, of whom one (1) may be bedridden in Bedrooms 1, 2, or 6. Hospice waiver for four. During today's inspection there were four (4) residents in care.

LPA with Staff Guevara toured the interior and exterior of the facility and inspected each room. Pathways were free of obstruction and slip hazards. Resident bedrooms contained the required furnishings. Doors, windows, screens, toilets, and showers were in working order. Extra linens and hygiene supplies were present. The facility had sufficient space and equipment to facilitate dining, laundry, visitation, meetings, and client activities. The facility contained at least 2 days of perishable food, and at least 7 days non-perishable food, all safely stored. Cooking, dining equipment, and utensils were present. No toxic chemicals or poisons were accessible to residents. Medications were labeled, as required, and stored in locked areas. The swimming pool on the premises was fenced, locked, and inaccessible to residents. Per Staff Guevara, no firearms or ammunition are kept at the facility. Carbon monoxide detectors, emergency lighting, and facility telephone were all in working order. Fire extinguishers were serviced within the last 12 months. First aid kits were complete and readily accessible. Required licensing postings were observed in visible areas of the facility.

[CONTINUED ON LIC809-C]

NAME OF LICENSING PROGRAM MANAGER: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Hannah Rodgers

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/08/2026

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 SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507

FACILITY NAME: ANGELES HOME CARE **FACILITY NUMBER:** 331881293

VISIT DATE: 04/08/2026

NARRATIVE

LPA reviewed facility records. Review of facility records revealed that Administrator Michelle Matamoros's administrator certificate expired on 08/02/2025. LPA reviewed the Department's Administrator Certification Bureau (ACB) website and verified Administrator Michelle Matamoros was not listed on the active certificate list nor on the pending renewals application list.

Review of resident records revealed that Resident #1 (R1) and Resident #2 (R2) did not have the results of their communicable tuberculosis test in their files. Furthermore, review of resident records revealed that R1 and R2 did not have a reappraisal on file, and Resident #3 (R3) and Resident #4 (R4) had their last reappraisals in 2024. Confidential records were stored in locked areas.

Three (3) deficiencies were cited per California Code of Regulation, Title 22. A plan of correction was jointly formulated, and an exit interview was conducted with Staff Guevara whom a copy of this report, LIC809-C, LIC809-D pages, and the Licensee/Appeal Rights (LIC9058 03/22) were provided.

NAME OF LICENSING PROGRAM MANAGER: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Hannah Rodgers
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 04/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 04/08/2026

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Created By: Hannah Rodgers On 04/08/2026 at 12:18 PM
Link to Parent Document Below:

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: ANGELES HOME CARE **FACILITY NUMBER:** 331881293

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 04/08/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87412(d)	

Personnel Records

(d) The licensee shall maintain documentation that an administrator has met the certification requirements specified in Section 87406, Administrator Certification Requirements or the recertification requirements in Section 87407, Administrator Recertification Requirements.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in that the administrator did not have an active administrator certificate which poses a potential health, safety or personal rights risk to four (4) out of four (4) residents in care.
	POC Due Date: 05/06/2026
	Plan of Correction
1 2 3 4	Licensee agrees to submit proof of recertification of the Administrator Certification to the Department by POC due date of 5/6/2026.

	Type B	Section Cited	CCR	87458(c)(1)(A)	

Medical Assessment

(c) The medical assessment shall include, but not be limited to: (1) A physical examination of the resident indicating the licensed medical professional's diagnosis or diagnoses and results of an examination for all of the following: (A) Communicable tuberculosis.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in that Resident #1 (R1) and Resident #2 (R2) did not have the results of their communicable tuberculosis on file which poses a potential health and safety risk to two (2) out of two (2) residents in care.
	POC Due Date: 05/06/2026
	Plan of Correction
1 2 3 4	Licensee agrees to submit proof of the results for R1's and R2's communicable tuberculosis test results to the Department by POC due date of 5/6/2026.

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: Hannah Rodgers

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/08/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87463(i)	

Reappraisals

(i) When there is significant change in condition, as defined in Section 87101, Definitions, or once every 12 months, whichever occurs first, the licensee shall arrange an in-person or virtual meeting or conference call to share the reappraisal with the resident, the resident's representative, if applicable, and appropriate facility staff, as specified in Section 87467, Resident Participation in Decision Making.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in R1 and R2 did not have a reappraisal on file, and R3 and R4 had their last reappraisals in 2024 which poses a potential health and safety risk to four (4) out of four (4) residents in care.
	POC Due Date: 05/06/2026
	Plan of Correction
1 2 3 4	Licensee agrees to submit the reappraisals for R1-R4 to the Department by POC due date of 5/6/2026.

		Section Cited			

	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 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:	Hannah Rodgers

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/08/2026

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FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/08/2026