

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 331881393  
Report Date: 03/24/2025  
Date Signed: 04/30/2025 04:32:26 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:	INLAND SENIOR MANOR	FACILITY NUMBER:	331881393
ADMINISTRATOR/DIRECTOR:	PEREZ, MA. TERESA	FACILITY TYPE:	740
ADDRESS:	25871 SUN CITY BLVD	TELEPHONE:	(562) 350-8537
CITY:	MENIFEE	STATE:	CA
CAPACITY:	6	ZIP CODE:	92586
TYPE OF VISIT:	Required - 1 Year	CENSUS:	6
		DATE:	03/24/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	08:45 AM
MET WITH:	Elsie Calapano, Caregiver	TIME VISIT/INSPECTION COMPLETED:	12:50 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Yolanda Delgado arrived unannounced to conduct an annual
2	inspection. Upon arrival LPA was greeted by facility staff and granted entry. LPA began inspection with
3	introduction, visit purpose and provided the facility caregiver with LPA identification and business card.
4	
5	<b>Resident record review began-</b> Six (6) records were reviewed. LPA reviewed for admission
6	agreement, medical assessment and TB test results, consent forms, identification and emergency
7	information, appraisal needs and service plans, centrally stored medication/destruction records,
8	safeguard for personal property/valuables, and personal rights notification. This facility is meeting
9	documentation requirements.
10	
11	<b>LPA began review of employee records-</b> Two (2) records were reviewed. LPA reviewed employee
12	record for first aid certification, fingerprint clearance, personnel/job application, health screening and TB
13	test results, criminal record statement, employee rights, training verification, and current administrator
14	certification. CPR and requirements have been met. The facility employs enough staff to maintain
15	cleanliness and meet the needs of the clients in care. Administrator certification is present and current.
16	
17	
18	
19	
20	<b>Food Service-</b> Food supply meets the requirement of one week supply of nonperishable and 2 day
21	supply of perishables food on hand. A menu is posted, foods are dated to assure safety. Food prep
22	areas are clean and organized.
23	
24	
25	(Continued on next page)

NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris

**NAME OF LICENSING PROGRAM ANALYST:** Yolanda Delgado

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/24/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/24/2025

**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.

LIC809 (FAS) - (09/23)

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<b>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</b>	<b>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</b>
<b>FACILITY EVALUATION REPORT (Cont)</b>	<b>COMMUNITY CARE LICENSING DIVISION</b>
	<b>CCLD Regional Office, 1650 SPRUCE ST STE 200</b>
	<b>MS29-27</b>
	<b>RIVERSIDE, CA 92507</b>

**FACILITY NAME:** INLAND SENIOR MANOR

**FACILITY NUMBER:** 331881393

**VISIT DATE:** 03/24/2025

<b>NARRATIVE</b>	
1	(Continued from Page 1)
2	
3	<b>Physical Plant and Safety of Environment/Operational Requirements-</b> LPA toured the facility inside
4	and outside. The home is maintained at a comfortable temperature for the clients. Lighting is sufficient
5	for safety and comfort. Water temperature measured 110.0 degrees F. Laundry facilities and a locked
6	cabinet is present for storing laundry soap and other chemicals in the garage. All outdoor and indoor
7	passageways are free of obstruction. A locked area is provided for medications and sharp objects. LPA
8	verified there is a telephone working at this location.
9	
10	LPA made observation throughout the inspection process to assess if the facility remains in conformity
11	with the State Fire Marshall regulations. The facility has not exceeded its capacity limitation and the
12	structure remains unchanged according to the approved floor plan however there were two (2) non-
13	ambulatory residents observed not in designated non-ambulatory room . Smoke detectors and carbon
14	monoxide detectors were tested and found to be operational. Fire extinguishers are tested or replaced
15	annually and were last done so on 12/24/2024. The facility is conducting emergency disaster drills. The
16	last disaster drill was conducted on 01/5/2025.
17	
18	LPA allocated time to prepare this report for delivery.
19	
20	
21	Based on the information received during this visit today, there are two (2) deficiencies is being cited
22	and Civil Penalties issue for \$500 per Title 22, Division 6 of The California Code of Regulations.
23	
24	This report , LIC809D, LIC421IM was reviewed with and a copy provided to the facility representative.
25	Appeal Rights were also provided at the time of the exit interview.
26	
27	LPA has requested updates to the following documents to be submitted to the CCL by 03/28/2025: LIC
28	308, LIC 500, LIC 610.
29	
30	
31	
32	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Jazmond D Harris	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Yolanda Delgado	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 03/24/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 03/24/2025
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LIC809 (FAS) - (06/04)

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<b>FACILITY EVALUATION REPORT (Cont)</b>	

**FACILITY NAME:** INLAND SENIOR MANOR **FACILITY NUMBER:** 331881393  
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 03/24/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type B</b>	<b>Section Cited</b>	<b>HSC</b>	<b>1569.695(a)(2)</b>	
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**Other Provisions**

(a)In addition to any other requirement of this chapter, a residential care facility for the elderly shall have an emergency and disaster plan that shall include, but not be limited to, all of the following: (2) Plans for the facility to be self-reliant for a period of not less than 72 hours immediately following any emergency or disaster, including, but not limited to, a short-term or long-term power failure. If the facility plans to shelter in place and one or more utilities, including water, sewer, gas, or electricity, is not available, the facility shall have a plan and supplies available to provide alternative resources during an outage.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1 2 3 4	Based on LPA Delgado's observation, and interview, the licensee did not comply with the section cited above in emergency food was not differentiate from the regular food supply which poses/posed a potential health, safety or personal rights risk to persons in care.
	<b>POC Due Date:</b> 03/28/2025
	<b>Plan of Correction</b>
1 2 3 4	Licensee will separate emergency food and water from regular food supply and email LPA copies by POC due date.

		<b>Section Cited</b>			
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	<b>Deficient Practice Statement</b>
1 2 3 4	
	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
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.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Jazmond D Harris
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Yolanda Delgado
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 03/24/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/24/2025

LIC809 (FAS) - (06/04)

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Created By: Yolanda Delgado On 03/24/2025 at 12:19 PM  
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
, 1650 SPRUCE ST STE 200 MS29-27  
RIVERSIDE, CA 92507

**FACILITY EVALUATION REPORT (Cont)**

FACILITY NAME: INLAND SENIOR MANOR

FACILITY NUMBER: 331881393

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/24/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	HSC	87202(a)(1)
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FIRE CLEARANCE: All facilities shall maintain a fire clearance approved by the city, county or city and county fire department, or district providing fire protection services, or the State Fire Marshall. Prior to accepting or retaining any of the following types of persons, the applicant or approved by the city, county, or city and county fire department, or district providing fire protection services, or the State Fire Marshal. (1) Nonambulatory persons.

This requirement is not met as evidenced by:

**Deficient Practice Statement**

1	Based on LPA Delgado's observation, interview and record review, the licensee did not comply with the section cited above in R1 and R2 are non-ambulatory according to their LIC602 and is in a ambulatory assigned room according to the facility sketch and Fire Safety Inspection Request dated 12/20/2022 states Room #1 is nonambulatory which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	

**POC Due Date:** 03/25/2025

**Plan of Correction**

1	Licensee will relocate R1 & R2 to the designated nonambulatory room according the current Fire clearance and email LPA a self-certifying letter stating the relocation has been completed by POC due date.
2	
3	
4	

	Section Cited
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**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.

<b>NAME OF LICENSING PROGRAM</b>	Jazmond D Harris
<b>MANAGER:</b>	Yolanda Delgado

**NAME OF LICENSING PROGRAM**

**ANALYST:**

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/24/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/24/2025