

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331881479
Report Date: 01/09/2026
Date Signed: 01/09/2026 03:42:54 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:	A & S SENIOR QUALITY CARE	FACILITY NUMBER:	331881479
ADMINISTRATOR/FUENTES, TERESA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	17764 ROBUSTA DRIVE	TELEPHONE:	(909) 548-1769
CITY:	RIVERSIDE	STATE:	CA
CAPACITY:	6	ZIP CODE:	92503
TYPE OF VISIT:	Required - 1 Year	CENSUS:	5
		DATE:	01/09/2026
		UNANNOUNCED TIME VISIT/	
		INSPECTION	01:10 PM
		BEGAN:	
MET WITH:	Administrator Teresa Fuentes	TIME VISIT/	
		INSPECTION	03:50 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA), Armando Perez and Ahliah Sharp made an unannounced visit to the facility for the purpose of conducting a required annual inspection. The LPA was granted entry by staff to conduct the inspection and met with administrator, Teresa Fuentes. The LPA informed the Administrator of the purpose for the visit. The inspection included the following:
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6	LPA toured the facility inside and outside. LPA observed the facility to be clean and in good repair. The facility consists of four (4) resident bedrooms, one (1) staff bedroom, three (3) bathrooms, a kitchen, dinning area, a living room area, a garage, laundry room, and a patio and yard with sufficient seating and space for activities. The home is maintained at a comfortable temperature for the clients. Water temperature measured 111.0 degrees F. Laundry facilities and a locked cabinet is present for storing laundry soap and other chemicals. All outdoor and indoor passageways are free of obstruction. Emergency lighting is available. There is a telephone working at this location. The LIC 610, emergency disaster plan is maintained. There are no firearms at this home and no bodies of water observed. LPA observed one resident room without a lamp or proper functioning light. A deficiency will be cited.
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16	LPA began review of client records. Five (5) records were reviewed. LPA reviewed for identification and emergency information, admission agreement, medical assessment, and TB test results, needs and service plans, placement, functional assessment, centrally stored medication/destruction records, safeguard for personal property/valuables, and personal rights notification. LPA observed client records to be available and complete.
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21	Continued on LIC 809-C.
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NAME OF LICENSING PROGRAM MANAGER:	Jazmond D Harris
NAME OF LICENSING PROGRAM ANALYST:	Armando Perez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/09/2026

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

DATE: 01/09/2026

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

LIC809 (FAS) - (06/04)

California Health & Human Services Agency

Page: 1 of 4

California Department of Social Services

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.

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Created By: Armando Perez On 01/09/2026 at 03:04 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: A & S SENIOR QUALITY CARE

FACILITY NUMBER: 331881479

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/09/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87303(d)	
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Maintenance and Operation

(d) There shall be lamps or light appropriate for the use of each room and sufficient to ensure the comfort and safety of all persons in the facility.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on [observation, the licensee did not comply with the section cited above in one out of one room which poses a potential health, safety or personal rights risk to persons in care.
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	POC Due Date: 01/16/2026
	Plan of Correction
1	Administrator will provide proof of installed llamp by POC date.
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	Type B	Section Cited	CCR	87465(h)(4)	
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Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored: (4) All centrally stored medications shall be labeled and maintained in compliance with state and federal laws. No persons other than the dispensing pharmacist shall alter a prescription label.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, interview,, the licensee did not comply with the section cited above in one out of one cup of discarded medication which poses/posed a potential health, safety or personal rights risk to persons in care.
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	POC Due Date: 01/30/2026
	Plan of Correction
1	Administrator will provide in house traninig on proper storage, labeling and discarding of medication.
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NAME OF LICENSING PROGRAM MANAGER:	Jazmond D Harris
NAME OF LICENSING PROGRAM ANALYST:	Armando Perez
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/09/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 01/09/2026

NARRATIVE	
1	LPA began review of employee records- Three (3) records were reviewed. LPA reviewed employee
2	records for first aid certification, criminal record clearance or an exemption, health screening and TB test
3	results, employee rights, training verification, and current administrator certification; expiration date
4	09/18/2027. LPA observed personnel records to be available and complete.
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6	LPA observed facility kitchen had the ability to prepare food in clean environment and possessed
7	equipment in good working condition. Food supply meets the requirement of one (1) week supply of
8	nonperishable and two (2) day supply of perishables. Emergency food and water supply is present.
9	There is a locked location for chemicals and sharps in the kitchen.
10	
11	Medications are centrally stored. There is a locked cabinet in the kitchen allocated for medication
12	storage. Centrally stored medication and destruction logs are maintained. Medications reviewed appear
13	to have been dispensed accurately. LPA observed a cup of loose, and unlabeled medication.
14	Administrator stated medication was discontinued and being stored to be discarded. A deficiency will be
15	cited.
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19	LPA made observation throughout the inspection process to assess if the facility remains in conformity
20	with the State Fire Marshall regulations. Smoke detectors and carbon monoxide detectors were tested
21	and found to be operational. Fire extinguishers were serviced on 01/05/2025. Emergency drills are
22	conducted quarterly at the facility with the last drill on 01/08/2026 .
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27	Based on the information received during this visit today in the areas reviewed, there are deficiencies
28	that are being cited per Title 22, Division 6 of The California Code of Regulations.
29	
30	This LIC 809, LIC 809-D and Appeal rights report was reviewed with the facility representative, and a
31	copy was provided.
32	

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