

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331881547
Report Date: 05/03/2024
Date Signed: 05/03/2024 11:04:27 AM

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

FACILITY NAME: ARLINGTON HEIGHTS ASSISTED LIVING AND MEMORY CARE	FACILITY NUMBER: 331881547
ADMINISTRATOR/CHOUDRY, SAHER	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 2844 PRISCILLA ST	TELEPHONE: (951) 522-1425
CITY: RIVERSIDE	STATE: CA
	ZIP CODE: 92506
CAPACITY: 6	CENSUS: 0
TYPE OF VISIT: Prelicensing	ANNOUNCED
	DATE: 05/03/2024
	TIME VISIT/INSPECTION BEGAN: 09:00 AM
	TIME VISIT/INSPECTION COMPLETED: 11:15 AM
MET WITH: Saher Choudry, Licensee	

NARRATIVE	
1	Licensing Program Analyst (LPA) Yolanda Delgado conducted an announced visit to the facility for
2	purpose of a Pre-Licensing evaluation. At approximately 9:00 AM, LPA met with Licensee/Administrator
3	Saher Choudry. An initial application to operate a Residential Care for the Elderly facility (RCFE) was
4	submitted to the Central Applications Bureau (CAB) on 1/11/2024 for a total capacity of six, five (5) non-
5	ambulatory and one (1) bedridden residents. Fire clearance was granted on 02/16/2024. LPA Delgado
6	observed the following:
7	Structure:
8	Facility was a one-story house with four (4) resident bedrooms, two (2) resident bathrooms, living room,
9	dining area and kitchen. There is an attached two car garage in the front of the house.
10	Heating/Cooling System:
11	Central heating and air conditioning system installed with a central panel located in the dining area to
12	control entire house.
13	Bedrooms:
14	Each resident bedroom #1 shared room, #2 shared room, #3 private room, #4 shared room for
15	bedridden resident. Four (4) resident bedrooms were not adequately furnished with bed, chair, however
16	closet, appropriate linens, adequate lighting, and an operable smoke alarm was sufficient.
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18	(Continued on page 2)
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NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris

NAME OF LICENSING PROGRAM ANALYST: Yolanda Delgado
LICENSING PROGRAM ANALYST SIGNATURE:  **DATE:** 05/03/2024

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

FACILITY REPRESENTATIVE SIGNATURE:  **DATE:** 05/03/2024

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
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FACILITY NAME: ARLINGTON HEIGHTS ASSISTED LIVING AND MEMORY CARE **FACILITY NUMBER:** 331881547

VISIT DATE: 05/03/2024

NARRATIVE

1 (Continued from page 1)
 2
 3 **Bathrooms:**
 4 The two (2) resident bathrooms has a working toilet, wash basin, and shower with an adequate supply
 5 of paper towels, toilet paper, and soap. At 10:05 AM, LPA tested the water temperatures in the resident
 6 bathrooms. LPA verified water temperature was measured at 108.9 degrees Fahrenheit.
 7 **Kitchen/Laundry:**
 8 An adequate supply of dishes, glasses, utensils, pots and pans were observed. Knives/sharp
 9 instruments were secured in a locked cabinet located in the kitchen. There was adequate room for food
 10 storage. LPA observed the stove to be operational. Refrigerator/freezer were in working condition and
 11 had sufficient storage for perishable food. There was adequate seating for meals for all clients. Laundry
 12 room with washer and dryer was located inside the garage. Laundry detergents and cleaning supplies
 13 were observed in garage away from residents.
 14 **Living/Family room:**
 15 There was a living/family room with seating for all clients and TV.
 16 **Linens and Hygiene Supplies:**
 17 An adequate supply of linens was stored in a cabinet in the main hallway of the residence.
 18 **Yards/Outside:**
 19 Patio tables and chairs were observed in the backyard. There was a gate on the East and West sides of
 20 the property have a self-latching door. All outdoor pathways were free of obstructions.
 21 **Emergency Phone Numbers, and Exit Plan:**
 22 Facility sketch, Obudsman poster and Let-Us-No posters observed posted, however no exit plans were
 23 posted.
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 25 (Continued on page 3)
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NAME OF LICENSING PROGRAM ANALYST: Yolanda Delgado
LICENSING PROGRAM ANALYST SIGNATURE:  **DATE:** 05/03/2024

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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** ARLINGTON HEIGHTS ASSISTED LIVING
AND MEMORY CARE**FACILITY NUMBER:** 331881547**VISIT DATE:** 05/03/2024**NARRATIVE**

1 (Continued from page 2)

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General items:

4

5 One (1) fire extinguishers were charged and located in the kitchen. Seven (7) dual smoke alarm/carbon
6 monoxide detectors were tested and were observed to be working, Client records will be stored in a
7 locked closet. First Aid kit with required components, and locked area for medication storage was
8 observed. LPA observed a facility phone and it was verified to be operational as evidenced by LPA
9 dialing the number to trigger a ring. Emergency water supply was observed however the required 72-
10 hour emergency food supply was not discernible from the regular food supply. Component III was
11 completed on 04/25/2024 at the RO in Riverside.

12

13 Pre-Licensing is incomplete and the following corrections to be resolved by 5/6/2024:

14

15 obtain a separate 72-hour emergency food supply

16

17 obtain additional emergency water

18

19 post exit plans at exit areas

20

21 obtain PPE supplies

22

23 re-arrange room #2 setup

24

25 obtain additional chair, lamp, bedside table and chest drawers for rooms #1, room #2

26

27 obtain emergency lightning for each resident

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29 obtain paper towels stands

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31 obtain night light for hallway

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replace 3 exterior window screens

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26 An exit interview was conducted, and a copy of this report was given.

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