

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 331881547  
Report Date: 06/19/2025  
Date Signed: 06/19/2025 04:24:04 PM

Document Has Been Signed on 06/19/2025 04:24 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
<b>FACILITY EVALUATION REPORT</b>		COMMUNITY CARE LICENSING DIVISION	
		RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27	
		RIVERSIDE, CA 92507	
FACILITY NAME: ARLINGTON HEIGHTS ASSISTED LIVING AND MEMORY CARE		FACILITY NUMBER:	331881547
ADMINISTRATOR/CHOUDRY, SAHER		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(951) 522-1425
ADDRESS: 2844 PRISCILLA ST	STATE: CA	ZIP CODE:	92506
CITY: RIVERSIDE	CENSUS: 4	DATE:	06/19/2025
CAPACITY: 6	UNANNOUNCED TIME VISIT/	INSPECTION	12:45 PM
TYPE OF VISIT: Required - 1 Year	BEGAN:	TIME VISIT/	04:30 PM
MET WITH: Saher Choudry, Administrator	INSPECTION	COMPLETED:	

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, two staff presenting
4	with language barrier. Arsalan Syed arrived within a few minutes and Administrator Saher Choudry
5	arrived afterwards. There is an Infection Control plan on file.
6	
7	<b>Resident record review began-</b> Four (4) records were reviewed. LPA reviewed for admission
8	agreement, medical assessment and TB test results, consent forms, identification and emergency
9	information, appraisal needs and service plans, centrally stored medication/destruction records,
10	safeguard for personal property/valuables, and personal rights notification. This facility is meeting
11	documentation requirements.
12	
13	<b>Employee records review began-</b> Two (2) records were reviewed. LPA reviewed employee record for
14	first aid certification, fingerprint clearance, personnel/job application, health screening and TB test
15	results, criminal record statement, employee rights, training verification, and administrator certification
16	was renewed and pending. CPR and requirements have been met. The facility employs enough staff to
17	maintain cleanliness and meet the needs of the clients in care.
18	
19	
20	
21	
22	<b>Physical Plant and Safety of Environment/Operational Requirements-</b> LPA toured the facility inside
23	and outside. The home is maintained at a comfortable temperature for the clients. Lighting is sufficient
24	for safety and comfort. Water temperature measured 118.0 degrees F. Laundry facilities and a locked
25	cabinet is present for storing laundry soap and other chemicals in the garage.
	(Continued on LIC809, Page 2)

**NAME OF LICENSING PROGRAM MANAGER:** Anthony Perez  
**NAME OF LICENSING PROGRAM ANALYST:** Yolanda Delgado  
**LICENSING PROGRAM ANALYST SIGNATURE:**  
 **DATE:** 06/19/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**  
 **DATE:** 06/19/2025

**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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES          COMMUNITY CARE LICENSING DIVISION          RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27          RIVERSIDE, CA 92507</p>
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**FACILITY NAME:** ARLINGTON HEIGHTS ASSISTED LIVING AND MEMORY CARE

**FACILITY NUMBER:** 331881547

**VISIT DATE:** 06/19/2025

NARRATIVE	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>(Continued from LIC809, Page 1)</p> <p>All outdoor and indoor passageways are free of obstruction. A locked area is provided for medications and sharp objects. LPA verified there is a telephone working at this location.</p> <p><b>Food Service-</b> Food supply meets the requirement of one week supply of nonperishable and 2-day supply of perishables food on hand. A menu is posted, foods are dated to assure safety. Food prep areas are clean and organized.</p> <p>LPA made observation throughout the inspection process to assess if the facility remains in conformity with the State Fire Marshall regulations. The facility has not exceeded its capacity limitation, and the structure remains unchanged according to the approved floor plan. Smoke detectors and carbon monoxide detectors were tested and found to be operational. Fire extinguishers are tested or replaced annually and were last done so on 05/16/2025. The facility is conducting emergency disaster drills quarterly. The last disaster drill was conducted on 05/16/2025. There are no bodies of water observed and no firearms stored at this home</p> <p>Based on the information received during this visit today, there are one (1) deficiency with Civil penalties for \$1000 is being cited/assessed per Title 22, Division 6 of The California Code of Regulations.</p> <p>At the time of the exit interview, this report, LIC809-D, LIC421IM and Appeal Rights was reviewed with Saher Choudry and copies will be sent by email due to LPA printer issues. LPA will request a confirmation of receipt.</p>

<p><b>NAME OF LICENSING PROGRAM MANAGER:</b> Anthony Perez  <b>NAME OF LICENSING PROGRAM ANALYST:</b> Yolanda Delgado  <b>LICENSING PROGRAM ANALYST SIGNATURE:</b></p>	<p><b>DATE:</b> 06/19/2025</p>
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<p><b>FACILITY REPRESENTATIVE SIGNATURE:</b></p>	<p><b>DATE:</b> 06/19/2025</p>
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Created By: Yolanda Delgado On 06/19/2025 at 03:59 PM  
 Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 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

**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 06/19/2025

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

	Type A	Section Cited	HSC	1569.17(c)(1)(A)	
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**Licensing**

(c)(1)(A) Subsequent to initial licensure, a person specified in subdivision (b) who is not exempted from fingerprinting shall obtain either a criminal record clearance or an exemption, pursuant to subdivision (f) of this section or Section 1522.7, from the State Department of Social Services prior to employment, residence, or initial presence in a facility.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1 2 3 4	Based on LPA Delgado's observation, interview and record review, the licensee did not comply with the section cited above in S1's first day was observed in the facility and S1 was working which poses an immediate health, safety or personal rights risk to persons in care.
	<b>POC Due Date:</b> 06/20/2025
	<b>Plan of Correction</b>
1 2 3 4	Licensee will have S1 complete criminal fingerprint clearance and associate the staff to the facility and email a copy of the fingerprints completed by email to LPA by POC due date.

		Section Cited			
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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</b>	Anthony Perez
<b>MANAGER:</b>	
<b>NAME OF LICENSING PROGRAM</b>	Yolanda Delgado
<b>ANALYST:</b>	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 06/19/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 06/19/2025