

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331881566
Report Date: 10/23/2025
Date Signed: 10/23/2025 04:31:21 PM

Document Has Been Signed on 10/23/2025 04:31 PM - It Cannot Be Edited

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: ADDING A TOUCH OF LOVE ELDERLY CARE FACILITY		FACILITY NUMBER:	331881566
ADMINISTRATOR/PINTO, LEAH		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	19716 SEASON GROVE	TELEPHONE:	(951) 532-1596
CITY:	RIVERSIDE	STATE: CA	ZIP CODE: 92507
CAPACITY: 6	CENSUS: 5	DATE:	10/23/2025
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION	01:45 PM
MET WITH: Timothy Williams, Administrator		BEGAN: TIME VISIT/INSPECTION	04:45 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Yolanda Delgado arrived unannounced to conduct an annual
2	inspection. Upon arrival LPA was greeted by male adult inside the garage. LPA began inspection with
3	introduction and the male stated he did not know who Leah Pinto was, he stated he can call the owners.
4	LPA contacted the numbers on file and was able to get in contact with Yaramееkah Adams and
5	explained the reason for the contact. LPA contacted the telephone numbers as the call was
6	disconnected and was able to get in contact with Timothy Williams and Timothy stated they are awaiting
7	on assisted living waiver and it has not gotten approved and currently have rented the property to
8	tenants and as soon as the waiver gets approved, they will have the tenants leave and get the house
9	ready for the clients. Timothy stated he can meet with the LPA in 25 minutes. LPA is standing by. LPA
10	contacted LPM Anthony Perez to update. LPA observed the male leaving the facility. LPA received a call
11	from Timothy that he should be arriving by 2:37PM. Timothy Williams arrived at 2:34 PM. Timothy stated
12	there are 4 adults with a minor child that live in the home however they are not residents of the facility.
13	
14	Resident record review began- There are no residents in care.
15	
16	Employee records review began- There are no staff due to no residents in care. Administrator
17	certification is present and current 04/17/2026.
18	
19	
20	
21	
22	Physical Plant and Safety of Environment/Operational Requirements- LPA toured the facility inside
23	and outside. The home is maintained at a comfortable temperature. Lighting is sufficient for safety and
24	comfort. Water temperature measured 106.0 degrees F. There is a Laundry area. All outdoor and indoor
25	passageways are free of obstruction. An area is provided for medications and sharp objects for storage
	purposes. (Continued on LIC809, Page 2)

NAME OF LICENSING PROGRAM MANAGER: Anthony Perez
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/23/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/23/2025

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

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	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
	RIVERSIDE, CA 92507

FACILITY NAME: ADDING A TOUCH OF LOVE ELDERLY CARE FACILITY

FACILITY NUMBER: 331881566

VISIT DATE: 10/23/2025

NARRATIVE	
1	(Continued from LIC809, Page 1)
2	
3	Food Service- Food supply is maintained by tenants.
4	
5	LPA made observations throughout the inspection process, the Licensee is operating beyond the
6	conditions and limitations specified on the license and the structure remains unchanged according to the
7	approved floor plan. Smoke detectors and carbon monoxide detectors were tested and found to be
8	operational. Fire extinguisher is expired and was last serviced on 08/24/2024. No emergency food and
9	water was observed. Corporation is active and in good standing.
10	
11	Based on the information received during this visit today, there are three (3) deficiencies and Civil
12	Penalties for \$500 being assessed that are being cited per Title 22, Division 6 of The California Code of
13	Regulations.
14	
15	This report, LIC809D, LIC421IM and Appeal Rights was reviewed with Timothy Williams and a copy
16	provided at the time of the exit interview.
17	
18	LPA has requested copy of rental agreement for tenants and to be emailed to LPA by 10/27/2025
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NAME OF LICENSING PROGRAM MANAGER: Anthony Perez	
NAME OF LICENSING PROGRAM ANALYST: Yolanda Delgado	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 10/23/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 10/23/2025

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)	

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FACILITY NUMBER: 331881566

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/23/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87204(a)	
Limitations -Capacity and Ambulatory Status					
(a) A licensee shall not operate a facility beyond the conditions and limitations specified on the license, including specification of the maximum number of persons who may receive services at any one time. An exception may be made in the case of catastrophic emergency when the licensing agency may make temporary exceptions to the approved capacity.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on LPA Delgado observation and interview, the licensee did not comply with the section cited above in the property has been rented out to tenants which poses/posed a potential health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 11/20/2025				
	Plan of Correction				
1	Licensee will update LPA on the status of assisted living waiver and the status of the facility by the POC due date.				
2					
3					
4					
	Type B	Section Cited	HSC	1569.695(a)(2)	

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:					
	Deficient Practice Statement				
1	Based on LPA Delgado's observation and interview, the licensee did not comply with the section cited above in no emergency water and emergency food was not observed which poses/posed a potential health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 11/20/2025				
	Plan of Correction				
1	Licensee will obtain and ensure emergency food and emergency water for the facility and send photograph to LPA by POC due date.				
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:	Anthony Perez
NAME OF LICENSING PROGRAM ANALYST:	Yolanda Delgado

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/23/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/23/2025

Created By: Yolanda Delgado On 10/23/2025 at 03:45 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
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DEFICIENCY INFORMATION FOR THIS PAGE:

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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87203	
Fire Safety: All facilities shall be maintained in conformity with the regulations adopted by the State Fire Marshal for the purpose of life and property against fire and panic.					
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 the fire extinguisher located in the kitchen with a tag documented last inspected on 08/24/2024 which poses an immediate health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 10/24/2025				
	Plan of Correction				
1	Licensee wiill ensure that a fire extinguisher is current and maintained current in the facillity. Licensee will emailed a photograph to LPA by POC Due date.				
2					
3					
4					
		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:	Anthony Perez
	Yolanda Delgado

NAME OF LICENSING PROGRAM

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/23/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/23/2025