

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 331881623  
**Report Date:** 01/06/2025  
**Date Signed:** 01/06/2025 09:44:51 AM

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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: SERENE LEGACY LLC	FACILITY NUMBER: 331881623
ADMINISTRATOR/ORTIZ, MONICA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 1508 PALERMO DR	TELEPHONE: (951) 231-5516
CITY: PERRIS	STATE: CA
CAPACITY: 6	ZIP CODE: 92571
TYPE OF VISIT: Prelicensing	CENSUS: 0
	DATE: 01/06/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 08:40 AM
MET WITH: Applicant, Monica Ortiz	TIME VISIT/INSPECTION
	COMPLETED: 09:50 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Janira Arreola conducted an announced Prelicensing Visit. LPA was
2	granted entry by and met with, Applicant Monica Ortiz who was informed of the purpose of the visit.
3	
4	The applicant is seeking an initial license for a Residential Care Facility for the Elderly, for ages 60 and
5	above. The facility is a (2) story home with resident rooms on the first floor totaling (3) bedrooms and (2)
6	bathrooms. All (3) bedrooms have been approved by the local fire jurisdiction for (6) non-ambulatory
7	residents. There are no bodies of water, weapons or fire arms kept at the facility.
8	
9	LPA observed the kitchen had cooking supplies and equipment in good working condition. The facility
10	meets the (2) day perishable and (7) day non-perishable supply of food. The knives and cleaning
11	supplies will be kept locked in the laundry room. The medications will be kept in a locked cabinet in the
12	kitchen. The outdoor area was observed to be free of hazards and has an emergency exit. There are
13	activity supplies for future residents to engage in in the entry way. LPA observed the resident bedrooms
14	had the required furniture and the bathrooms have grab bars and hygiene supplies for future residents.
15	The hot water temperature was recorded at 118F and the carbon monoxide and smoke alarms are in
16	working condition. The laundry room had cleaning supplies to do regular cleaning of the facility, and
17	equipment in good working condition. There is a supply of linens and towels for future residents. The
18	facility has areas designated for future staff and resident records. Required postings are found in the
19	dinning room, and emergency and PPE supplies were kept in a hallway closet. The facility phone
20	number is operational at (951) 627-5930.
21	
22	
23	There are no objections for the applicant to proceed in the prelicensing process. An exit interview was
24	conducted where this report was reviewed and provided to the applicant.
25	

**NAME OF LICENSING PROGRAM MANAGER:** Tricia Danielson

**NAME OF LICENSING PROGRAM ANALYST:** Janira Arreola

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 01/06/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 01/06/2025

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