

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 331881623

Report Date: 01/29/2026

Date Signed: 01/29/2026 12:25:31 PM

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27<br>RIVERSIDE, CA 92507 |
| <b>FACILITY EVALUATION REPORT</b>                      |   |

|                         |                             |  |                |
|-------------------------|-----------------------------|--|----------------|
| FACILITY NAME:          | SERENE LEGACY LLC           | FACILITY NUMBER:                         | 331881623      |
| ADMINISTRATOR/DIRECTOR: | ORTIZ, MONICA               | FACILITY TYPE:                           | 740            |
| ADDRESS:                | 1508 PALERMO DR             | TELEPHONE:                               | (951) 231-5516 |
| CITY:                   | PERRIS                      | STATE:                                   | CA             |
| CAPACITY:               | 6                           | ZIP CODE:                                | 92571          |
| TYPE OF VISIT:          | Required - 1 Year           | CENSUS:                                  | 2              |
|                         |                             | DATE:                                    | 01/29/2026     |
|                         |                             | UNANNOUNCED TIME VISIT/INSPECTION BEGAN: | 10:45 AM       |
| MET WITH:               | Administrator, Monica Ortiz | TIME VISIT/INSPECTION COMPLETED:         | 12:30 PM       |

### NARRATIVE

1 Licensing Program Analysts (LPAs) Janira Arreola and Aziz Faizi conducted an unannounced annual  
2 required visit. LPA was granted entry and met with Administrator, Monica Ortiz, who was informed of the  
3 purpose of the visit. At the time of the visit there was (2) staff and (2) residents present.  
4  
5 The facility is a one story home with (4) resident bedrooms and (2) bathrooms. No pools or firearms are  
6 housed at the facility. The facility is approved for (6) non ambulatory residents.  
7  
8 Physical plant, floors, windows, and doors were observed to be clean. Fixtures and furniture were in  
9 good repair were present. The outdoor area and passage ways were observed to be free of hazards.  
10 LPA observed hygiene supplies for residents, PPE, clean linens. There are designated locked areas for  
11 sharps, dangerous objects, cleaning supplies, and medications. During the visit LPAs observed  
12 unlocked cleaning supplies and gardening tools in the back yard and unsecured knife in the kitchen. A  
13 deficiency was documented and plan of correction was created. The smoke detector and carbon  
14 monoxide are operational, and the hot water temperature 118F. There are emergency supplies such as  
15 emergency lighting, complete first aide kit and emergency food and water. LPA observed facility kitchen  
16 had the ability to prepare food in clean environment and possessed equipment in good working  
17 condition. LPA observed the facility met the required 2-day supply of perishable and 7-day supply of  
18 non-perishable foods.  
19  
20  
21  
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23  
24  
25

NAME OF LICENSING PROGRAM MANAGER: Carolyn Tuba

NAME OF LICENSING PROGRAM ANALYST: Janira Arreola

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 01/29/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 01/29/2026

**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.

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY<br><br><b>FACILITY EVALUATION REPORT (Cont)</b> | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27<br>RIVERSIDE, CA 92507 |
|--|---|

**FACILITY NAME:** SERENE LEGACY LLC

**FACILITY NUMBER:** 331881623

**VISIT DATE:** 01/29/2026

| NARRATIVE |  |
|-----------|--|
| 1         | LPA reviewed the facility's emergency and disaster plan and infectious control plan. The facility has          |
| 2         | conducted a fire drill but did not document it, there a deficiency was cited and a plan of correction was      |
| 3         | created. Required postings were found in the facility. The listed administrator, possesses a current           |
| 4         | administrator's certificate. LPA reviewed (2) staff files and training. All staff have criminal clearance. (1) |
| 5         | staff did not have updated CPR/First Aid Certification and did not have a health screening on file A           |
| 6         | deficiency was issued for completion of the staff's file. LPAs provided the licensee a copy of the LIC311F     |
| 7         | with all required forms to keep in resident and staff files. The Two (2) resident files were reviewed, and     |
| 8         | possessed all required paperwork. No resident's personal and incidental funds are being handled by the         |
| 9         | facility.  |
| 10        |  |
| 11        | LPA observed resident medications which are locked, filled, and stored in their originally received            |
| 12        | containers. The medication was accounted for on Centrally Stored Medication logs for residents.                |
| 13        |  |
| 14        | Technical Support services were offered and the licensee agreed to a referral for the program. An exit         |
| 15        | interview was conducted where this report was reviewed and provided.   |
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|--|-------------------------|
| <b>NAME OF LICENSING PROGRAM MANAGER:</b> Carolyn Tuba   |                         |
| <b>NAME OF LICENSING PROGRAM ANALYST:</b> Janira Arreola |                         |
| <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>              | <b>DATE:</b> 01/29/2026 |

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

|   |                         |
|---|-------------------------|
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b> | <b>DATE:</b> 01/29/2026 |
|---|-------------------------|

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**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** SERENE LEGACY LLC**FACILITY NUMBER:** 331881623**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 01/29/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)****Type B****Section Cited****CCR****87309(a)(1)****Storage Space and Access**

(a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage. (1) Disinfectants, cleaning solutions, and poisonous substances shall be stored in areas separate from food supplies as specified in Section 87555, General Food Service Requirements.

This requirement is not met as evidenced by:

**Deficient Practice Statement**

- 1 Based on (interview and record review the licensee did not comply with the section cited above with
- 2 knife, gardening shears and cleaning supplies that were unlocked which poses/posed a potential health,
- 3 safety or personal rights risk to persons in care.
- 4

**POC Due Date:** 01/30/2026**Plan of Correction**

- 1 The licensee agreed to lock the items and send proof by the POC due date.
- 2
- 3
- 4

**Type B****Section Cited****CCR****87412(a)****Personnel Records**

(a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information:

This requirement is not met as evidenced by:

**Deficient Practice Statement**

- 1 Based on interview and record review, the licensee did not comply with the section cited above with staff
- 2 who did not have health screening tb test documented, or cpr training which poses/posed a potential
- 3 health, safety or personal rights risk to persons in care.
- 4

**POC Due Date:** 02/11/2026**Plan of Correction**

- 1 The licensee agreed to complete the staff files and submit the health screening and TB to the LPA by the
- 2 POC due date,
- 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** Carolyn Tuba**MANAGER:****NAME OF LICENSING PROGRAM** Janira Arreola**ANALYST:****LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 01/29/2026

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

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Created By: Janira Arreola On 01/29/2026 at 12:03 PM  
 Link to Parent Document Below:

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| <b>FACILITY EVALUATION REPORT (Cont)</b>               |  |

FACILITY NAME: SERENE LEGACY LLC

FACILITY NUMBER: 331881623

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/29/2026

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

|  |        |               |     |             |  |
|--|--------|---------------|-----|-------------|--|
|  | Type B | Section Cited | HSC | 1569.695(c) |  |
|--|--------|---------------|-----|-------------|--|

**Other Provisions**

(c) A facility shall conduct a drill at least quarterly for each shift. The type of emergency covered in a drill shall vary from quarter to quarter, taking into account different emergency scenarios. An actual evacuation of residents is not required during a drill. While a facility may provide an opportunity for residents to participate in a drill, it shall not require any resident participation. Documentation of the drills shall include the date, the type of emergency covered by the drill, and the names of staff participating in the drill.

This requirement is not met as evidenced by:

|                  |  |
|------------------|--|
|                  | <b>Deficient Practice Statement</b>  |
| 1<br>2<br>3<br>4 | Based on interview and record review, the licensee did not comply with the section cited above with fire drill that had not been documented which poses/posed a potential health, safety or personal rights risk to persons in care. |
|                  | <b>POC Due Date:</b> 01/30/2026  |
|                  | <b>Plan of Correction</b>  |
| 1<br>2<br>3<br>4 | The licensee agreed to document the fire drill and submit proof by the POC due date.   |

|  |  |               |  |  |  |
|--|--|---------------|--|--|--|
|  |  | Section Cited |  |  |  |
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|                  |                                     |
|------------------|-------------------------------------|
|                  | <b>Deficient Practice Statement</b> |
| 1<br>2<br>3<br>4 |                                     |
|                  | <b>POC Due Date:</b>                |
|                  | <b>Plan of Correction</b>           |
| 1<br>2<br>3<br>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 MANAGER:</b> | Carolyn Tuba   |
| <b>NAME OF LICENSING PROGRAM ANALYST:</b> | Janira Arreola |

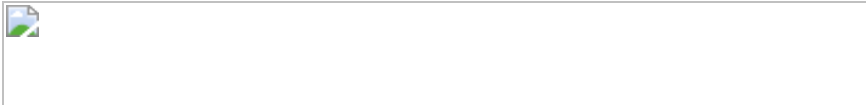
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**DATE:** 01/29/2026