

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331881714
Report Date: 05/07/2026
Date Signed: 05/07/2026 04:19:43 PM

Document Has Been Signed on 05/07/2026 04:19 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: A&K SILVER CREEK ASSISTED LIVING LLC		FACILITY NUMBER:	331881714
ADMINISTRATOR/NAKAMURA, ALAN		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	7198 DIMAGGIO ST	TELEPHONE:	(951) 692-9325
CITY:	RIVERSIDE	STATE: CA	ZIP CODE: 92503
CAPACITY: 6		CENSUS: 5	DATE: 05/07/2026
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME VISIT/INSPECTION	12:35 PM
MET WITH: Alan Nakamura, Administrator		BEGAN: TIME VISIT/INSPECTION	04:30 PM
		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 by Gloria Anyiam, Caregiver.		
3	LPA began inspection with introduction, visit purpose and provided the facility caregiver with LPA		
4	identification and business card.		
5			
6	Resident record review began- Five (5) records were reviewed. LPA reviewed for admission		
7	agreement, medical assessment and TB test results, consent forms, identification and emergency		
8	information, appraisal needs and service plans, centrally stored medication/destruction records,		
9	safeguard for personal property/valuables, and personal rights notification. This facility is meeting		
10	documentation requirements.		
11			
12	Employee records review began- Three (3) records were reviewed. LPA reviewed employee record for		
13	first aid certification, fingerprint clearance-1 has no association, personnel/job application, health		
14	screening and TB test results, criminal record statement, employee rights, training verification, and		
15	current administrator certification. CPR and requirements have been met. The facility employs enough		
16	staff to maintain cleanliness and meet the needs of the clients in care. Administrator certification is		
17	present and current 09/17/2027.		
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 for the clients. Lighting is sufficient		
24	for safety and comfort. Water temperature measured 111.0 degrees F.		
25			
(Continued on LIC809, Page 2)			
NAME OF LICENSING PROGRAM MANAGER: Anthony Perez			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/07/2026

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

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: A&K SILVER CREEK ASSISTED LIVING LLC **FACILITY NUMBER:** 331881714

VISIT DATE: 05/07/2026

NARRATIVE	
1	(Continued from LIC809, Page 1)
2	
3	Laundry facilities and a locked cabinet is present for storing laundry soap and other chemicals in an
4	area in the garage; the machines have been relocated from the designated laundry room. All outdoor
5	and indoor passageways are free of obstruction. A locked area is provided for medications and sharp
6	objects. LPA verified there is a telephone working at this location
7	
8	Food Service- Food supply meets one week supply of nonperishable and 2-day supply of perishables
9	food on hand. Food prep areas are clean and organized.
10	
11	LPA made observations throughout the inspection process to assess if the facility remains in conformity
12	with the State Fire Marshall regulations. The facility has not exceeded its capacity limitation, and the
13	structure has been changed according to the approved floor plan-the designated laundry room has been
14	converted into a caregiver room, garage was observed setup with mattress, personal furniture and
15	belongings to Administrator. Smoke detectors and carbon monoxide detectors were tested and found to
16	be operational. Fire extinguishers are tested or replaced annually and were last done so on 05/7/2026.
17	The facility is not conducting emergency disaster drills every quarter, documentation observed for
18	4/2/2026 and 10/3/2025.
19	
20	Based on the information received during this visit today, there are three (3) deficiencies and Civil
21	Penalties issued for \$200 is being cited per Title 22, Division 6 of The California Code of Regulations.
22	
23	
24	This report, 809D, Appeals Rights, LIC421BG and Civil penalties was reviewed with Alan Nakamure and
25	a copy provided at the time of the exit interview.
26	
27	
28	
29	
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Anthony Perez	
NAME OF LICENSING PROGRAM ANALYST: Yolanda Delgado	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 05/07/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/07/2026

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)	

FACILITY NAME: A&K SILVER CREEK ASSISTED LIVING LLC

FACILITY NUMBER: 331881714

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/07/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87355(e)	

Criminal Record Clearance	
(e) All individuals subject to a criminal record review pursuant to Health and Safety Code Section 1569.17(b) shall prior to working, residing or volunteering in a licensed facility:	
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 S1 was found to have a criminal clearance from 2018 however S1 is not associated to the facility and began work on 5/7/2026 which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 05/08/2026
	Plan of Correction
1	Licensee will associate S1 to the facility and verify with RO prior to S1 returning to work at the facility and email proof of association to LPA by POC due date.
2	
3	
4	

		Section Cited			
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	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
NAME OF LICENSING PROGRAM ANALYST:	Yolanda Delgado
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 05/07/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 05/07/2026

Created By: Yolanda Delgado On 05/07/2026 at 03:43 PM
Link to Parent Document Below:

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DEFICIENCY INFORMATION FOR THIS PAGE:

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87305(a)	
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Alterations to Existing Buildings or New Facilities

(a) Prior to construction or alterations, all facilities shall obtain a building permit.

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 the floor plan has been changed and LPA observed the laundry room converted into a caregivers room, the laundry machines have been relocated inside a section of the garaga and a mattress and personal belongings to Administrator was observed inside the garage which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 05/14/2026
	Plan of Correction
1	Licensee will submit an LIC200 with an updated facility sketch to CCLD by POC due date.
2	
3	
4	

	Type B	Section Cited	HSC	1569.695(c)	
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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:

	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 facility is not documenting drills which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 05/14/2026
	Plan of Correction
1	Licensee will creat a plan of scheduled drills for 2025 and 2026 and email LPA a copy 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: 05/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/07/2026