

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 331881749  
**Report Date:** 08/05/2025  
**Date Signed:** 08/05/2025 10:38:54 AM

**Document Has Been Signed on 08/05/2025 10:38 AM - 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	HACIENDA SENIOR LIVING	FACILITY NUMBER:	331881749
ADMINISTRATOR/DUNHAM, MARLYA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(951) 927-6817
ADDRESS:	161 N HEMET STREET	STATE: CA	ZIP CODE: 92544
CITY:	HEMET	CENSUS: 0	DATE: 08/05/2025
CAPACITY: 66		UNANNOUNCED TIME VISIT/INSPECTION	09:26 AM
TYPE OF VISIT: Prelicensing		BEGAN:	
MET WITH: Administrator Marlya Dunham		TIME VISIT/INSPECTION	10:50 AM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst, (LPA) Armando Perez made an announced visit to the facility for the
2	purpose of conducting a pre-licensing inspection due to a change of ownership with residents in care.
3	LPA met with Administrator Marlya Dunham, who accompanied LPA for the inspection. Applicant has
4	submitted an application for sixty one (61) non ambulatory residents and (5) bedridden for a total
5	capacity of 66. On June 25, 2025, Hemet Fire Department approved a fire clearance for the facility.
6	
7	The facility is a secured compound with four (4) structures, LPA observed 10 client bedrooms. Ten out of
8	Ten rooms had the the required bedding and furniture, such as, clean mattresses/linen, night stands,
9	dressers, chairs, lighting, and emergency lighting. Two out of the 10 were model bedrooms and had the
10	required furnishing. Client bathrooms and showers had clean appliances that were operating in safe and
11	sanitary condition and had the grab bars in toilets and showers. Facility kitchen had the ability to prepare
12	food in clean environment and possessed equipment in good working condition. The facility met the
13	required 2-day supply of perishable and 7-day supply of non-perishable foods. Sharps, such as knives
14	and scissors, will be stored in the kitchen with the entrance to the kitchen be locked and not accessible
15	to clients. A menu is posted and available for review by clients. Facility has a designated laundry areas
16	that have locked cabinets for storing laundry chemicals.
17	
18	LPA observed a vehicle designated and available for the transportation needs of the clients. The vehicle
19	has the capacity to transport up to 3 clients. The vehicle is equipped with proper safety equipment and
20	has valid registration until February 2026.
21	
22	Continued on LIC809-C.
23	
24	
25	

**NAME OF LICENSING PROGRAM MANAGER:** Jazmond D Harris

**NAME OF LICENSING PROGRAM ANALYST:** Armando Perez

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/05/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/05/2025

**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.

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

**FACILITY NAME:** HACIENDA SENIOR LIVING

**FACILITY NUMBER:** 331881749

**VISIT DATE:** 08/05/2025

<b>NARRATIVE</b>	
1	Personnel files will be locked in the Director's office. Client files are locked in the memory care structure.
2	Client medication will be centrally stored and locked in two designated medication carts in the memory
3	care structure. There is a courtyard and covered patio area with seating for clients. All passageways
4	were free from obstruction. LPA observed fire extinguishers in the facility. The smoke detectors and
5	carbon monoxide alarms were operational and recently tested by Hemet Fire Department.
6	
7	LPA observed a functioning water fountain located at the center of the courtyard. The fountain appears
8	to be inaccessible due to its surrounding features. It is enclosed by a two-foot-high brick structure,
9	forming the outermost layer. Inside this perimeter, a second layer of decorative plants encircles the
10	fountain. The fountain itself forms the third and central layer. The fountain consists of three tiers, each
11	holding approximately one inch of water. Decorative rocks are placed within each tier, partially
12	submerged in the water.
13	
14	
15	
16	LPA observed the required postings of the emergency disaster plan, resident personal rights, complaint
17	procedures, employee rights, visitation rights, facility sketch, and the Long-Term Care Ombudsman
18	poster. Facility contains emergency supplies and first aid kits with the required items. The facility has
19	working telephone for client use. LPA observed Administrator Certification on file with expiration date of
20	05/04/2027.
21	
22	LPA observed that the physical plant is clean, in good repair, and to be hazard-free during today's visit.
23	LPA determined the facility meets the operational requirements for licensure. The Pre-licensing
24	inspection is complete and this facility has no issues or concerns. The facility has satisfied all
25	requirements in accordance with Title 22, California Code of Regulations.
26	
27	An exit interview was conducted, and this report was discussed and provided to facility representative.
28	
29	
30	
31	
32	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Jazmond D Harris	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Armando Perez	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 08/05/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 08/05/2025
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