

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 331881756

Report Date: 09/04/2025

Date Signed: 09/04/2025 11:17:05 AM

Document Has Been Signed on 09/04/2025 11:17 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:	ALLBRITE CARE INC	FACILITY NUMBER:	331881756
ADMINISTRATOR/DIRECTOR:	GABRIELYAN, NINA	FACILITY TYPE:	740
ADDRESS:	67725 LONG CANYON LN	TELEPHONE:	(818) 461-2323
CITY:	DESERT HOT SPRINGS	STATE:	CA
CAPACITY:	6	ZIP CODE:	92241
TYPE OF VISIT:	Prelicensing	CENSUS:	0
		DATE:	09/04/2025
		UNANNOUNCED TIME VISIT/INSPECTION:	09:45 AM
MET WITH:	Gabrielyan Nina	BEGAN TIME VISIT/INSPECTION:	11:30 AM
		COMPLETED:	

### NARRATIVE

1 Licensing Program Analyst (LPA) Abdoulaye Zerbo conducted an announced pre-licensing inspection at  
2 the facility and met with Licensee/Administrator Gabrielyan Nina  
3  
4 Application: The inspection is an initial application for a Residential Care Facility for Elderly (RCFE). The  
5 Riverside County Fire Department City of Desert Hot Springs approved a fire clearance on 05-27-2025  
6 for six (6) non-ambulatory residents.  
7  
8 Buildings and Grounds: The facility is composed of Three (3) residents' bedrooms, two and half (2.5)  
9 bathrooms, a living room, a kitchen area, and office area and a garage. Water temperature was  
10 measured within regulation at 109.4 F. The interior and exterior walkways of the facility were observed to  
11 be clutter free with no obstructions present. Smoke and Carbon Monoxide detectors were in working  
12 order. There is no pool and there are no weapons stored in the facility. Residents' bedrooms are fully  
13 furnished, and privacy is available. Outdoor areas have sufficient room for activities and leisure. A  
14 washing machine and dryer were available and in working order. The facility has a working phone  
15 witnessed by calling the phone number.  
16  
17 Storage and Supplies: Medications, staff files and residents files will be stored in a locked closet by the  
18 dining room area, inaccessible to any unauthorized individuals. A complete first aid kit was observed to  
19 be available. Cleaning supplies are locked and stored under the sink in the kitchen. Linens and  
20 equipment appeared to be in good repair and sufficient for the approved census. Fire extinguisher was  
21 available and fully charged with an expiration date of March 18, 2026.  
22  
23  
24  
25

NAME OF LICENSING PROGRAM MANAGER: Anthony Perez

NAME OF LICENSING PROGRAM ANALYST: Abdoulaye Zerbo

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 09/04/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 09/04/2025

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

LIC809 (FAS) - (06/04)

California Health &amp; Human Services Agency

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California Department of Social Services

**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 III, 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  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
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**FACILITY NAME:** ALLBRITE CARE INC

**FACILITY NUMBER:** 331881756

**VISIT DATE:** 09/04/2025

NARRATIVE	
1	<u>Food Service:</u> Utensils and dishware are sufficient for the requested capacity. The refrigerator and
2	freezer are in working order. Sharps knives will be stored in a locked cabinets in the kitchen area,
3	available only to authorized individuals.
4	
5	<u>Forms:</u> The following signs were observed to be posted at the facility: Personal Rights, Complaint
6	information, emergency and disaster plan and the facility sketch. LPA verified the Administrator's
7	Certification, with an expiration date of May 16, 2026 and CPR certification with the expiration date of
8	March 03 2027.
9	
10	The applicant is scheduled to complete COMP III on September 09, 2025. LPA determined the facility
11	meets the operational requirements for licensure. The Pre-licensing inspection is complete and has
12	satisfied all requirements in accordance with Title 22, California Code of Regulations. An exit interview
13	was conducted, and this report was discussed and a copy was provided to Licensee/Administrator
14	Gabrielyan Nina
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Anthony Perez <b>NAME OF LICENSING PROGRAM ANALYST:</b> Abdoulaye Zerbo <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 09/04/2025
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**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 09/04/2025
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