

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 335530190
Report Date: 01/15/2026
Date Signed: 01/15/2026 04:28:54 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME:	EVERLAST ASSISTED LIVING LLC	FACILITY NUMBER:	335530190
ADMINISTRATOR/LANGI, SOPHEAREAK		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	30045 AUDELO ST	TELEPHONE:	(951) 579-1120
CITY:	LAKE ELSINORE	STATE: CA	ZIP CODE: 92530
CAPACITY: 5		CENSUS: 2	DATE: 01/15/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	12:04 PM
		BEGAN:	
MET WITH:	Brett Powell, Administrator and Larissa Hines, Caregiver	TIME VISIT/INSPECTION	04:40 PM
		COMPLETED:	

NARRATIVE	
1	On 1/15/2026 Licensing Program Analyst (LPA) LaVette Farlow conducted an unannounced visit to complete the annual inspection. LPA met with Caregiver Larissa Hines for a Residential Care Facility for the Elderly (RCFE) for five (5) non-ambulatory residents, one (1) resident may be bedridden, and (2) hospice waiver. Current census is two(2). LPA Farlow introduced self and explained the purpose of the visit. Caregiver notified Administrator Brett Powell of LPA's arrival, and later arrived during the visit. The caregiver, provided LPA with a space to work and conducted a tour of the facility.
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8	The facility has four (4) bedrooms and two (2) bathrooms. There are three (3) residents bedrooms, and (1) bedroom for the caregiver, two (2) bathrooms, a kitchen, a living room, a dining area, a laundry room, a backyard, and an attached garage. LPA toured the interior and exterior areas of the facility. The following were inspected:
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13	<u>Resident Bedrooms and Bathroom:</u> All bedrooms have the required bedding and furniture, such as clean mattresses/linens, mattress covers, night stands, dressers, chairs, and lighting. The bathrooms appliances were operating in safe and sanitary condition. The water temperature was measured by LPA, at 128.9 and 122.5 degrees F. Licensee did have signs posted "caution hot water" in the bathroom and kitchen.
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18	<u>Kitchen and Dining Areas:</u> Utensils and dishware are in good repair and readily available for residents in care. Kitchen appliances and counter tops were free of debris and in good repair. The chemicals were locked underneath the kitchen sink. The sharps were locked in the kitchen cabinet. Facility has sufficient amount of perishable and non-perishable food supply for residents in care.
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NAME OF LICENSING PROGRAM MANAGER: Nedra Brown
NAME OF LICENSING PROGRAM ANALYST: Lavette Farlow

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/15/2026

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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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: EVERLAST ASSISTED LIVING LLC

FACILITY NUMBER: 335530190

VISIT DATE: 01/15/2026

NARRATIVE	
1	<u>Medication:</u> The medications was locked and secured in the hallway closet. LPA audited 2 out of 2
2	residents MARs and Centrally Stored medication log. LPA observed the facility uses an app for charting
3	which was not completed for the 8am meds, and the Centrally Stored Medication Log had medications
4	that were not logged or medication that was in the secured container but not listed on the MARs and not
5	destroyed. A deficiency was cited.
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7	<u>Laundry Room/Linens and Hygiene Supplies:</u> An adequate supply of linens and hygiene supplies were
8	available for each resident. The laundry room contains chemicals and was securely locked.
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10	<u>Backyard:</u> There are no bodies of water in the backyard. There is a covered area with seating for the all
11	the residents. All passageways were free from obstruction.
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15	<u>Facility Postings, Fire extinguisher, First aid:</u> There are two (2) charged fire extinguishers in the facility.
16	LPA observed the fire extinguisher was last inspected on 3/13/2025. LPA observed operating smoke
17	detectors and carbon monoxide alarms. Administrator stated they complete a fire/emergency drills
18	quarterly. The home does not have any firearms and or ammunition. LPA observed required postings
19	including the visitation policies, emergency/disaster contact numbers, complaint procedures, labor laws,
20	and personal rights.
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23	<u>Record Review:</u> LPA reviewed two(2) out of two(2) residents files for Admission Agreements, Physician
24	Reports, Needs and Services Plans, Identification and Emergency contact sheet. LPA observed resident
25	file complete and maintained. LPA reviewed two (2) staff files, for CPR/First aid training, Health
26	Screening, Personnel Records, Criminal Records Clearances, Background Statements and
27	Fingerprinting, Annual Training. LPA observed that 1 out of 2 staff file were incomplete and missing the
28	health screening, and TB test results. LPA observed the licensee did not update or review the LIC610E
29	(Emergency Disaster Plan for Residential Care Facilities For The Elderly and Infection Control Plan. A
30	deficiency cited. LPA observed a complete first aid kit. The facility has a working telephone for resident
31	use.
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Based on the observations made during today's visit, three deficiencies, were cited per Title 22, Division 6, of the California Code of Regulations. An exit interview was conducted, and this report (LIC809), (LIC809C), (LIC809D), and appeal rights was discussed and provided to Administrator Brett Powell.	

NAME OF LICENSING PROGRAM MANAGER: Nedra Brown	
NAME OF LICENSING PROGRAM ANALYST: Lavette Farlow	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/15/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/15/2026

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FACILITY NUMBER: 335530190

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/15/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87208(a)	
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Plan of Operation

(a) The licensee shall have and maintain a current, written definitive plan of operation for the facility. The licensee shall operate the facility in accordance with the terms specified in the plan of operation and may be cited for not doing so pursuant to Health and Safety Code section 1569.49. The plan and related materials shall be on file in the facility and shall be submitted to the licensing agency with the license application. Any significant changes in the plan of operation which would affect the services to residents shall be submitted to the licensing agency for approval. The plan and related materials shall contain the following:

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, interview, and record review, the licensee did not comply with the section cited above by not reviewing, updating, and signing the Infection Control Plan, and Emergency Disaster Plan annually which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 01/29/2026
	Plan of Correction
1 2 3 4	Licensee agrees to review, update, and sign the above mentioned plans annually. Licensee will complete a statement of understanding by POC due and submit to LPA.

	Type B	Section Cited	CCR	87412(a)(11)	
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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: (11) A health screening as specified in Section 87411, Personnel Requirements - General.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above 1 out of 2 staff by not ensuring the staff health screening and TB test result were able for review and in the personnel file posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 01/22/2026
	Plan of Correction
1 2 3 4	Licensee agrees to review and update all staff files, submit a statement of understanding regarding the above regulation, and provide proof of the health screening by POC due date.

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:	Nedra Brown
NAME OF LICENSING PROGRAM ANALYST:	Lavette Farlow
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/15/2026

LIC809 (FAS) - (06/04)

Page: 4 of 5

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Created By: Lavette Farlow On 01/15/2026 at 03:44 PM
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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87465(a)(4)	
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Incidental Medical and Dental Care Services

(4) The licensee shall assist residents with self-administered medications as needed.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, and record review, the licensee did not comply with the section cited above in 1 out of 2 resident in care by not ensuring the medication was properly dispensed. LPA observed the medication was logged as issued, but was still in the bubble pack which poses a potential health, safety or personal rights risk to persons in care.
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	POC Due Date: 02/15/2026
	Plan of Correction
1	Licensee will complete a training with staff regarding medication error, the MARs, Centrally stored medication. Submit a statement of understanding regarding the regulation.
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	Type B	Section Cited	CCR	87465(c)(3)	
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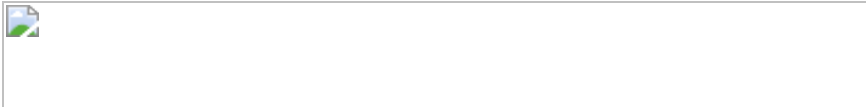
Incidental Medical and Dental Care Services

(c) If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the resident with self-administration, provided all of the following requirements are met: (3) A record of each dose is maintained in the resident's record. The record shall include the date and time the PRN medication was taken, the dosage taken, and the resident's response.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, and record review, the licensee did not comply with the section cited above by not ensuring the Centrally stored medication log is maintained current dates, destruction log, and monthly changes to medication that are destroyed which poses a potential health, safety or personal rights risk to persons in care.
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	POC Due Date: 02/15/2026
	Plan of Correction
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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	Nedra Brown
MANAGER:	
NAME OF LICENSING PROGRAM	Lavette Farlow
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/15/2026
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