

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 335530266

Report Date: 01/22/2026

Date Signed: 01/22/2026 01:15:56 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:	LAKES, THE	FACILITY NUMBER:	335530266
ADMINISTRATOR/DIRECTOR:	MATSUSHITA, LORI	FACILITY TYPE:	740
ADDRESS:	5801 SUN LAKES BLVD	TELEPHONE:	(915) 845-2220
CITY:	BANNING	STATE:	CA
CAPACITY:	276	ZIP CODE:	92220
TYPE OF VISIT:	Required - 1 Year	CENSUS:	132
		DATE:	01/22/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	08:45 AM
MET WITH:	Executive Director Cristina Ceballos	TIME VISIT/INSPECTION COMPLETED:	01:30 PM

NARRATIVE

1 Licensing Program Analysts (LPAs) Sarina Ramirez and Eldin Serrano made an unannounced visit to
2 the facility to conduct a required annual inspection. LPAs met Executive Director Cristina Ceballos, and
3 discussed the purpose of the visit. The facility is a Residential Care Facility for Elderly (RCFE) with a
4 license capacity of (276), and a current census of (132). LPAs conducted a general inspection of facility,
5 which included, but was not limited to, the following:
6

7 Physical Plant: Indoor and outdoor passageways were kept free of obstruction. The facility has a
8 swimming pool that is enclosed and locked inaccessible to residents in care. The facility has sufficient
9 space for resident activities. Seven (7) resident bedrooms were inspected, two (2) in the memory care
10 unit and five (5) in the assisted living unit. Five (5) resident's bathrooms were inspected, hot water
11 temperatures measured from 105 to 105.7 degrees F. The facility is equipped with operating
12 smoke/carbon monoxide alarms, a total of four (4) resident bedroom alarms were tested. The facility
13 was inspected by Desert Alarm Inc on 1/28/25, the inspection for 2026 is scheduled for the upcoming
14 week. Facility has operating laundry equipment, and telephone service. The facility has posted in a
15 common area, personal rights, facility sketch, the Community Care Licensing complaint poster,
16 Ombudsman poster, menu, activities, and license. Cleaning supplies and sharps were kept inaccessible
17 to residents in care.
18

19 Food Service: Kitchen and dining areas were maintained cleaned. Non-perishable and perishable food
20 supply is sufficient for number of residents in care. Facility refrigerators and freezers were maintained in
21 operating condition.
22
23
24
25

Continuation on LIC809-C

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons

NAME OF LICENSING PROGRAM ANALYST: Sarina Ramirez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/22/2026

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

DATE: 01/22/2026

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.

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

FACILITY NUMBER: 335530266

VISIT DATE: 01/22/2026

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p><u>Health Related services:</u> LPAs reviewed (7) resident medications ,no issues found. Resident's medications are labeled and centrally stored in a locked medication room in both memory care and assisted living units.</p> <p><u>Record Review:</u> Eight (8) resident files reviewed were observed to be complete. Nine (9) staff files reviewed were observed to be complete. The facility has an emergency and disaster plan on file; last disaster drill was completed on 1/20/26.</p> <p>Based on LPAs observations and records review no deficiencies are being cited per Title 22, Division 6, of the California Code of Regulations.</p> <p>An exit interview was conducted where this report (LIC809), (LIC809C) were discussed to Executive Director Cristina Ceballos. Copies of the reports were provided to the Executive Director at the conclusion of the visit.</p>

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons	
NAME OF LICENSING PROGRAM ANALYST: Sarina Ramirez	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 01/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 01/22/2026