

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336403028
Report Date: 07/30/2025
Date Signed: 07/30/2025 12:22:19 PM

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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: SUNRISE AT CANYON CREST	FACILITY NUMBER: 336403028
ADMINISTRATOR/SEGURA, HEATHER	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 5265 CHAPALA DR	TELEPHONE: (951) 686-6075
CITY: RIVERSIDE	STATE: CA
CAPACITY: 88	ZIP CODE: 92507
TYPE OF VISIT: Required - 1 Year	CENSUS: 71
	DATE: 07/30/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 08:15 AM
MET WITH: Heather Segura, Administrator	TIME VISIT/INSPECTION
	COMPLETED: 12:25 PM

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. LPA began inspection with
3	introduction, visit purpose and provided the facility caregiver with LPA identification and business card.
4	There is an Infection Plan on file.
5	
6	Resident record review began- Eight (8) 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- Eight (8) records were reviewed. LPA reviewed employee record for
13	first aid certification, fingerprint clearance, personnel/job application, health screening and TB test
14	results, criminal record statement, employee rights, training verification, and current administrator
15	certification. CPR and requirements have been met. The facility employs enough staff to maintain
16	cleanliness and meet the needs of the clients in care. Administrator certification is present and current
17	02/01/2027.
18	
19	
20	
21	Physical Plant and Safety of Environment/Operational Requirements- LPA toured the facility inside
22	and outside. The facility is maintained at a comfortable temperature for the clients. Lighting is sufficient
23	for safety and comfort. Water temperature measured 108.0 degrees F. Laundry facilities and a locked
24	cabinet is present for storing laundry soap and other chemicals. All outdoor and indoor passageways are
25	free of obstruction. A locked area is provided for medications and sharp objects.

NAME OF LICENSING PROGRAM MANAGER: Anthony Perez
NAME OF LICENSING PROGRAM ANALYST: Yolanda Delgado
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/30/2025

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.

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

FACILITY NUMBER: 336403028

VISIT DATE: 07/30/2025

NARRATIVE	
<p>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>	<p>(Continuation from LIC809) LPA verified there is a telephone working at this location.</p> <p>Food Service- Food supply meets the of one week supply of nonperishable and 2-day supply of perishables food on hand. A menu is posted, foods are dated to assure safety. Food prep areas are clean and organized.</p> <p>LPA made observation throughout the inspection process to assess if the facility remains in conformity with the State Fire Marshall regulations. The facility has not exceeded its capacity limitation, and the structure remains unchanged according to the approved floor plan. Smoke detectors and carbon monoxide detectors were tested and found to be operational. Emergency food was unable to be verified as it was in a closet that was packed with boxes to the ceiling. Fire extinguishers are tested or replaced annually and were last done so on 12/19/2024. The facility is conducting emergency disaster drills. The last disaster drill was conducted on 06/12/2025.</p> <p>Based on the information received during this visit today, One (1) Technical Advisory is being issued per Title 22, Division 6 of The California Code of Regulations.</p> <p>This report was reviewed with Heather Segura and a copy will be emailed and confirmation of receipt will be requested</p>

<p>NAME OF LICENSING PROGRAM MANAGER: Anthony Perez NAME OF LICENSING PROGRAM ANALYST: Yolanda Delgado LICENSING PROGRAM ANALYST SIGNATURE:</p>	<p>DATE: 07/30/2025</p>
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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/30/2025