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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336408194
Report Date: 11/14/2025
Date Signed: 11/14/2025 12:03:15 PM

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

FACILITY NAME:	HILLCREST COTTAGE		FACILITY NUMBER:	336408194
ADMINISTRATOR/ DIRECTOR:	NOEMI MAMANI		FACILITY TYPE:	740
ADDRESS:	1087 HILLCREST CT		TELEPHONE:	(909) 795-5748
CITY:	CALIMESA	STATE: CA	ZIP CODE:	92320
CAPACITY: 6		CENSUS: 5	DATE:	11/14/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:20 AM
MET WITH:	Administrator Noemi Mamani		TIME VISIT/ INSPECTION COMPLETED:	12:15 PM

NARRATIVE

Licensing Program Analysts (LPA) E.Conchas made an unannounced visit to the facility to conduct an annual inspection. LPA met with Administrator Noemi Mamani who was informed of the purpose of the visit.

LPA conducted an overall inspection of the facility, which included, but was not limited to, the following:

The Indoor and outdoor passageways were kept free of obstruction. The facility has sufficient furniture and lighting and is maintained at a comfortable temperature 73 degrees.

There was enough nonperishable and perishable food for the number of residents in care. The facility has a variety of food for residents, and a menu was available for review. The facility food is stored in a safe manner.

Sharps are stored in the locked laundry room inaccessible to residents in care.

The resident’s bedrooms are equipped with required furniture such as: mattresses, night stands, storage space, and sufficient lighting.

All bathrooms had non-slip mats and were operating in a safe and in good sanitary condition. The hot water temperature measured at 106 and 109 degrees F. LPA also observed the facility is equipped with operating carbon monoxide/smoke detectors and fully charged fire extinguisher expiring 12-27-2025.

Posters such as Personal rights, Facility sketch, Long term ombudsman, Family council, House rules, Staff schedule, Infection control, Droplet precautions and the disaster plan were posted in a common area.

	LPA did observe cleaning supplies, toxins items are kept in the locked laundry room in the kitchen area inaccessible to clients in care. The resident's files were reviewed, all files had the required documents at the time of the visit.

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Edith Conchas
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/14/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/14/2025

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.

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

FACILITY NAME: HILLCREST COTTAGE **FACILITY NUMBER:** 336408194

VISIT DATE: 11/14/2025

NARRATIVE

LPA reviewed two (2) residents files for admission agreements, updated physician reports, and needs and services plans. A citation was issued due to PRN medication for pain was given daily for 14 days and no physician report/ update given to physician to continue. Licensee did call physician office to get the update prescription. Licensee will send a copy of new prescription.

LPA also reviewed two(2) staff files for First Aid/CPR certification, criminal record clearance, training's, and health screenings.

An exit interview was conducted, and this report was discussed and provided to Noemi Mamani Administrator at the conclusion of the visit with appeal rights.

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
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LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 11/14/2025

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Created By: Edith Conchas On 11/14/2025 at 11:43 AM
Link to Parent Document Below:

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FACILITY NAME: HILLCREST COTTAGE **FACILITY NUMBER:** 336408194
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 11/14/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87465(d)(1)	

Incidental Medical and Dental Care Services

(d) If the resident is unable to determine his/her own need for a prescription or nonprescription PRN medication, and is unable to 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: (1) Facility staff shall contact the resident's physician prior to each dose, describe the resident's symptoms, and receive direction to assist the resident in self-administration of that dose of medication.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation and record review, the licensee did not comply with the section cited above by not calling physician regarding continuos use of PRN medication, given to resident for 14 consectuive days which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 12/01/2025
	Plan of Correction
1 2 3 4	Licensee will call physician and request verification on the PRN prescription to be given continous or if medication needs to be updated. Licensee will request written veriication and will send LPA copy of the update.

		Section Cited			

	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 2 3 4	

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: Karen Clemons
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