

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

Facility Number: 336409060  
Report Date: 06/03/2025  
Date Signed: 06/03/2025 11:11:50 AM

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

FACILITY NAME: INSPIRATIONS HOME CARE III	FACILITY NUMBER: 336409060
ADMINISTRATOR/GARCIA, NOELIA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 2685 COTTAGE DR	TELEPHONE: (951) 898-8431
CITY: CORONA	STATE: CA
CAPACITY: 6	ZIP CODE: 92881
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
	DATE: 06/03/2025
	UNANNOUNCED TIME VISIT/INSPECTION BEGAN: 09:00 AM
MET WITH: House Manager Rosemarie Macadangdang	TIME VISIT/INSPECTION COMPLETED: 11:30 AM

NARRATIVE	
1	Licensing Program Analysts (LPAs) Mary Rico and Antoinette Davis made an unannounced visit to the
2	facility. The purpose of the visit was to conduct a required comprehensive annual inspection. LPA met
3	with House Manager Rosemarie Macadangdang and was granted entry to the facility. Licensed capacity
4	is (6) current census (6). LPA was accompanied by House Manager Rosemarie Macadangdang to
5	conduct a general overall inspection, which included, but was not limited to, the following:
6	
7	<u>Physical Plant:</u> The facility is operating in the capacity approved by Community Care Licensing (CCL).
8	There are no obstructions to indoor and outdoor passageways. The facility is maintained at a
9	comfortable temperature. LPA inspected resident bedrooms; they are equipped with required furniture
10	such as: mattresses, nightstands, storage space, and sufficient lighting; bathrooms were clean, and
11	appliances were operating appropriately. LPA observed sufficient furniture and lighting throughout the
12	facility. The facility is equipped with operating smoke detectors and carbon monoxide alarms. Posters
13	such as personal rights, the CCL complaint poster, and the disaster plan were posted in a common area.
14	Cleaning supplies, toxins, sharps, and other dangerous items were kept inaccessible to residents in
15	care. There was a designated space for resident /staff files.
16	
17	<u>Food Service:</u> Non-perishable and perishable food supply is sufficient for number of residents in care.
18	Facility has a variety of food available for residents. Dishes, cups, and utensils were also stored
19	properly.
20	
21	<u>Care &amp; Supervision:</u> Facility has sufficient care staff for coverage 24 hours a day, 7 days a week.
22	
23	
24	
25	

**NAME OF LICENSING PROGRAM MANAGER:** Efren Malagon

**NAME OF LICENSING PROGRAM ANALYST:** Mary Rico

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 06/03/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 06/03/2025

**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.

LIC809 (FAS) - (09/23)

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**Created By: Mary Rico On 06/03/2025 at 10:52 AM**

**Link to Parent Document Below:**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
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**FACILITY NAME:** INSPIRATIONS HOME CARE III

**FACILITY NUMBER:** 336409060

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 06/03/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87468.1(a)(2)	
Personal Rights of Residents in All Facilities To be accorded safe, healthful and comfortable accommodations, furnishings and equipment.  This requirement is not met as evidenced by:					
<b>Deficient Practice Statement</b>					
1	Based on medication audit , the licensee did not comply with the section cited above in 3 out of the 6				
2	resident's medications were not given , and documentation did not match medication's start date which				
3	poses an immediate health, safety or personal rights risk to persons in care.				
4					
<b>POC Due Date:</b> 06/04/2025					
<b>Plan of Correction</b>					
1	House Manager stated they will conduct an in-service training for medications and will also submit an				
2	Incident Report for Community Care Licesning.				
3					
4					

		Section Cited			
<b>Deficient Practice Statement</b>					
1					
2					
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4					
<b>POC Due Date:</b>					
<b>Plan of Correction</b>					
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.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Efren Malagon
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Mary Rico
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 06/03/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 06/03/2025

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**VISIT DATE:** 06/03/2025

NARRATIVE	
1	<u>Record Review:</u> LPA reviewed (3) resident files for admission agreements, updated physician reports,
2	and needs and services plans. LPA reviewed (6) resident medications and (2) hospice files. LPA also
3	reviewed (3) staff files for First Aid/CPR certification, criminal record clearance, training's, and health
4	screenings.
5	
6	During medication audit, LPA Rico observed 3 out of the 6 resident's medications were not given, and
7	medication documentation did not match the medication start date.
8	
9	Based on the observations made during today's visit, (1) one deficiency was cited per Title 22, Division
10	6, of the California Code of Regulations. An exit interview was conducted, and this report (LIC809)
11	(LIC809D) was discussed and provided to House Manager Rosemarie Macadangdang. Along with a
12	copy of appeal rights.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Efren Malagon
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Mary Rico
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 06/03/2025

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