

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 336424584  
Report Date: 07/28/2025  
Date Signed: 07/28/2025 04:24:45 PM

Document Has Been Signed on 07/28/2025 04:24 PM - It Cannot Be Edited

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: BLESSED ELDER CARE, INC.	FACILITY NUMBER: 336424584
ADMINISTRATOR/MAGDALINA GURAU	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 5041 SIERRA ST.	TELEPHONE: (951) 588-6533
CITY: RIVERSIDE	STATE: CA
CAPACITY: 12	ZIP CODE: 92504
TYPE OF VISIT: Required - 1 Year	CENSUS: 9
	DATE: 07/28/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 02:31 PM
MET WITH: Magdalina Gurau, Administrator	TIME VISIT/INSPECTION
	COMPLETED: 04:35 PM

NARRATIVE	
1	Licensing Program Analyst (LPA), Armando Perez made an unannounced visit to the facility for the
2	purpose of conducting a required annual inspection. The LPA was granted entry by staff to conduct the
3	inspection and met with administrator, Magdalina Gurau. The LPA informed the Administrator of the
4	purpose for the visit. The inspection included the following:
5	
6	LPA toured the facility inside and outside. LPA observed the facility to be clean and in good repair. The
7	facility consists of nine (9) bedrooms, eight (8) bathrooms, a kitchen and dining area, a living room
8	area, a garage and laundry room, and a front patio and yard with sufficient seating and space for
9	activities. The home is maintained at a comfortable temperature for the clients. Lighting is sufficient for
10	safety and comfort. Water temperature measured within regulation. Laundry facilities and a locked
11	cabinet is present for storing laundry soap and other chemicals. All outdoor and indoor passageways are
12	free of obstruction. Emergency lighting is available. There is a telephone working at this location. The
13	LIC 610, emergency disaster plan is maintained. There are no firearms at this home and no bodies of
14	water observed.
15	
16	LPA reviewed client records. nine (9) records were reviewed. LPA reviewed for identification and
17	emergency information, admission agreement, medical assessment, and TB test results, needs and
18	service plans, placement, functional assessment, centrally stored medication/destruction records,
19	safeguard for personal property/valuables, and personal rights notification. LPA observed client records
20	to be available and complete.
21	
22	LPA reviewed employee records- four (4) records were reviewed. LPA reviewed employee records for
23	first aid certification, criminal record clearance or an exemption, health screening and TB test results,
24	employee rights, training verification, and current administrator certification; expiration date 03/21/2027.
25	LPA observed personnel records to be available and complete.

**NAME OF LICENSING PROGRAM MANAGER:** Jazmond D Harris

**NAME OF LICENSING PROGRAM ANALYST:** Armando Perez

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/28/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/28/2025

**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 III, 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><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES          COMMUNITY CARE LICENSING DIVISION          RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27          RIVERSIDE, CA 92507</p>
---	--

**FACILITY NAME:** BLESSED ELDER CARE, INC.

**FACILITY NUMBER:** 336424584

**VISIT DATE:** 07/28/2025

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>LPA observed facility kitchen had the ability to prepare food in clean environment and possessed equipment in good working condition. Food supply meets the requirement of one (1) week supply of nonperishable and two (2) day supply of perishables. Emergency food and water supply is present. There is a locked location for chemicals and sharps in the kitchen.</p> <p>Medications are centrally stored. There is a locked cart allocated for medication storage. Centrally stored medication and destruction logs are maintained. Medications reviewed appear to have been dispensed accurately.</p> <p>LPA made observation throughout the inspection process to assess if the facility remains in conformity with the State Fire Marshall regulations. Smoke detectors and carbon monoxide detectors were tested and found to be operational. Fire extinguishers was serviced on 07/07/2025. Fire drills are conducted quarterly at the facility with the last drill on 05/20/2025.</p> <p>Based on the information received during this visit today in the areas reviewed, there are no deficiencies that are being cited per Title 22, Division 6 of The California Code of Regulations.</p> <p>This LIC 809 report was reviewed with the facility representative and a copy was provided.</p>

<p><b>NAME OF LICENSING PROGRAM MANAGER:</b> Jazmond D Harris</p>	
<p><b>NAME OF LICENSING PROGRAM ANALYST:</b> Armando Perez</p>	
<p><b>LICENSING PROGRAM ANALYST SIGNATURE:</b></p>	<p><b>DATE:</b> 07/28/2025</p>

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

<p><b>FACILITY REPRESENTATIVE SIGNATURE:</b></p>	<p><b>DATE:</b> 07/28/2025</p>
--	--------------------------------

