

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336426029

Report Date: 02/17/2026

Date Signed: 02/17/2026 11:56:06 AM

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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:	CALOAKS SENIOR LIVING	FACILITY NUMBER:	336426029
ADMINISTRATOR/DIRECTOR:	AMELIA ALADIN	FACILITY TYPE:	740
ADDRESS:	3891 POLK STREET	TELEPHONE:	(951) 689-6162
CITY:	RIVERSIDE	STATE:	CA
CAPACITY:	74	ZIP CODE:	92505
TYPE OF VISIT:	Required - 1 Year	DATE:	02/17/2026
MET WITH:	Licensee/Administrator Amelia Aladin	UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	08:50 AM
		TIME VISIT/INSPECTION COMPLETED:	12:15 PM

NARRATIVE

1 On 02/17/2025 at 8:50 AM, Licensing Program Analyst (LPA) Beena Singh made an unannounced visit
2 to the facility. The purpose of the visit was to conduct a required comprehensive annual inspection. LPA
3 Singh met with LVN/Resident Care Director Melissa Bridges and was granted entry to the facility.
4 Licensee/Administrator Amelia Aladin was contacted, informed of the visit and arrived during the visit. At
5 the time of the visit there were fifty-two (52) residents present and two (2) were out in the community
6

7 The facility is a forty (40) bedroom with a kitchen/dining area, living room/activity room. The facility is
8 Residential Care Facility for the Elderly (RCFE). The facility is licensed for a capacity of seventy-four
9 (74) non-ambulatory residents, hospice waiver for ten (10) residents and eight (8) bedridden residents.
10 The current census is fifty-two (52) residents. LPA Singh was accompanied by LVN/Resident Care
11 Director Melissa Bridges to conduct a general overall inspection, which included, but was not limited to,
12 the following:
13

14 Physical Plant: The facility is operating in the capacity approved by Community Care Licensing (CCL).
15 There are no obstructions to indoor and outdoor passageways. The facility is maintained at a
16 comfortable temperature. LPA Singh inspected resident bedrooms; they are equipped with required
17 furniture such as: mattresses, night stands, storage space, and sufficient lighting; bathrooms were
18 clean, and appliances were operating appropriately, with non-slip mats. LPA observed sufficient furniture
19 and lighting throughout the facility. Water temperature was within regulations. The facility is equipped
20 with operating smoke detectors and carbon monoxide alarms. Fire extinguishers were also observed at
21 the facility.
22

23 ***Continuation in LIC809C ***
24
25

NAME OF LICENSING PROGRAM MANAGER: Efren Malagon

NAME OF LICENSING PROGRAM ANALYST: Beena Singh

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 02/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 02/17/2026

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.

<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 SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507</p>
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FACILITY NAME: CALOAKS SENIOR LIVING

FACILITY NUMBER: 336426029

VISIT DATE: 02/17/2026

NARRATIVE	
1	Posters such as personal rights, Ombudsman Poster, labor laws, and the disaster plan were posted in a
2	common area CCLD complaint poster posted in the common area. Cleaning supplies, toxins, sharps,
3	and other dangerous items were kept inaccessible to residents in care. There was a designated storage
4	space for resident/staff files. There is a Medicine Room with the resident's medications locked. LPA
5	observed complete first aid kit and first aid book at the facility.
6	
7	<u>Food Service:</u> More than seven (7) days' supply of Non-perishable foods and more than two (2) days'
8	supply of perishable food supply were observed and sufficient for the number of residents in care. LPA
9	observed facility having Emergency food and water, and the required emergency supplies maintained at
10	the facility. Kitchen was not clean and sanitary, deficiency will be issued.
11	
12	<u>Care & Supervision:</u> The facility has an appropriate number of staff present at the facility and enough
13	hours to appropriately manage the facility. The facility has sufficient number of staff to provide care and
14	supervision to the residents in care.
15	
16	<u>Record Review:</u> LPA Singh reviewed five (5) resident files for admission agreements, updated physician
17	reports, centrally stored medication list, pre-placement appraisals and needs and services plans. LPA
18	Singh observed resident files reviewed were complete. LPA Singh reviewed five (5) staff files for First
19	Aid/CPR certification, criminal record clearance, training, and health screenings. LPAs observed staff
20	files reviewed were complete.
21	
22	Liability Insurance valid through 02/28/2025 to 02/28/2026.
23	
24	Fire drill/Earthquake drill conducted on 11/06/2025.
25	
26	Based on the observations made during today's visit, deficiencies were cited per Title 22, Division 6, of
27	the California Code of Regulations.
28	
29	An exit interview was conducted, and this report (LIC809),LIC 809C,LIC 809D and Appeal Rights were
30	discussed and provided to LVN/Resident Care Director Melissa Bridges .
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Beena Singh
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 02/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 02/17/2026

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Created By: Beena Singh On 02/17/2026 at 11:37 AM
Link to Parent Document Below:

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: CALOAKS SENIOR LIVING
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 336426029
VISIT DATE: 02/17/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	HSC	1569.618(c)(4)	
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Other Provisions

(c)The facility shall employ, and the administrator shall schedule, a sufficient number of staff members to do all of the following: (4) Ensure that the facility is clean, safe, sanitary, and in good repair at all times.


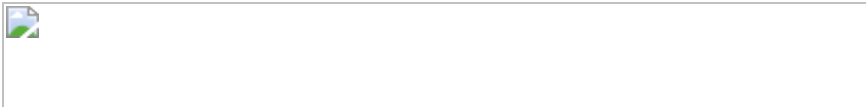
This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on observation and interview,, the licensee did not comply with the section cited above in not ensuring that facility kitchen was in clean and sanitary conditions for the residents food to be prepared in the kitchen which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 02/18/2026	
Plan of Correction	
1	Licensee stated to train all staff on HSC 1569.618(c)(4) and submit proof of staff training log and kitchen cleanliness log/pictures to LPA Singh by the POC due date.
2	
3	
4	

		Section Cited			
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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:	Efren Malagon
NAME OF LICENSING PROGRAM ANALYST:	Beena Singh
LICENSING PROGRAM ANALYST SIGNATURE:	
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