

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336426029
Report Date: 08/27/2026
Date Signed: 08/27/2026 02:00:06 PM

Document Has Been Signed on 08/27/2026 02:00 PM - It Cannot Be Edited

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/TIMOTHY DELA CRUZ		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(951) 689-6162
ADDRESS:	3891 POLK STREET	ZIP CODE:	92505
CITY:	RIVERSIDE	STATE:	CA
CAPACITY:	74	CENSUS:	52
TYPE OF VISIT:	Case Management - Incident	DATE:	08/27/2026
		UNANNOUNCED TIME VISIT/INSPECTION	11:40 AM
MET WITH:	Facility Administrator Timothy Dela Cruz	BEGAN:	
		TIME VISIT/INSPECTION	02:30 PM
		COMPLETED:	

NARRATIVE	
1	On 08/27/2026, Licensing Program Analyst (LPA) Beena Singh arrived at the facility unannounced to conduct a Case Management Visit for a staff to resident incident. Facility submitted an unusual incident report on This case management visit is in response to a Special Incident Report (SIR) submitted to the Community Care Licensing Office on 08/22/2026. LPA met with Facility Administrator Timothy Dela Cruz and stated purpose of the visit.
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9	During today's visit, Licensing Program Analyst (LPA) Singh discussed an incident with staff that occurred during the night shift involving Resident 1 (R#1) and Staff Member 1 (S#1). According to R#1, S#1 turned off the room lights and told R#1 to "shut up and go to sleep" while pushing R#1 back into bed after R#1 asked for the lights to be turned back on. Although R#1 reported no physical injuries from the push, they stated they were left shaken and crying until Staff Member 2 (S#2) came to the room to calm them. R#1 also stated that S#1 is consistently rude and aggressive, recounting a prior incident from a few months earlier when S#1 refused to provide a blanket for R#1's cold feet, claiming to be too busy. While R#1 expressed that all other caregivers are kind and helpful, they noted that S#1 specifically treats them with hostility. LPA Singh did a walk through of the facility and no imminent danger was observed, no health and safety concerns. Staff#1 was not available for interview, S#1 works night shift.
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DATE: 08/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/27/2026

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.

Created By: Beena Singh On 08/27/2026 at 12:45 PM
Link to Parent Document Below:

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

FACILITY NAME: CALOAKS SENIOR LIVING

FACILITY NUMBER: 336426029

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/27/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 08/28/2026 Section Cited CCR 87468.(1)(2)	1	87468(1)(2) Personal Rights: Under Title 22,Section 87468.1,87468.2,Residents retain fundamental rights to personal dignity,privacy, and respectful treatment. Staff behavior that humiliates or disrespects a resident these core rights.	1	Licensee/Staff will be trained on Title 22 regulations: Personal Rights. Send written acknowledgement and signed by the Licensee and all Staff.
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	8	Based on record review,Interviews and observations, the licensee did not comply with section cited above by not ensuring that Staff are treating residents with fundamental rights to personal dignity,privacy, and respectful treatment all the time.	8	
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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:	
	DATE: 08/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/27/2026

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: CALOAKS SENIOR LIVING

FACILITY NUMBER: 336426029

VISIT DATE: 08/27/2026

NARRATIVE

1 LPA Singh interviewed Staff and residents. R#2 and R#3 stated that they heard R#1
2 and S#1 altercation and R#1 screaming while Staff#1 was there. Facility reported
3 this incident to Community Care Licensing Department(CCLD) and law enforcement.
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6 Based upon this information and in accordance with Title 22 Regulations, a citation
7 is being issued as detailed on the attached LIC 809D.
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9 An exit interview was conducted where this report LIC809, LIC 809D and appeal
10 rights, reviewed, discussed and provided to Facility Administrator Timothy Dela Cruz,
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NAME OF LICENSING PROGRAM MANAGER: Efren Malagon

NAME OF LICENSING PROGRAM ANALYST: Beena Singh

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/27/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/27/2026