

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336427428

Report Date: 03/13/2026

Date Signed: 03/13/2026 03:48:30 PM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME:	LOREN'S GOOD LIFE CARE INC	FACILITY NUMBER:	336427428
ADMINISTRATOR/ELVAIN, LOREN MC DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	16631 CANYON VIEW DRIVE	TELEPHONE:	(951) 780-6570
CITY:	RIVERSIDE	STATE: CA	ZIP CODE: 92504
CAPACITY:	6	CENSUS: 4	DATE: 03/13/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	02:00 PM
MET WITH:	Licensee Loren Mc Elvain	BEGAN: TIME VISIT/INSPECTION	04:00 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analysts (LPAs) Ivashia Wright and Mia Lankford conducted an unannounced annual
2 required visit. Upon entry, LPAs was greeted by Loren Mc Elvain, Administrator, and informed them of
3 the purpose of the visit. At the time of the visit, there were two (2) staff member and four (4) residents
4 present.

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6 **Facility Overview:** The facility is a one-story home that consists of five (5) resident bedrooms, one staff
7 bedrooms, three (3) bathrooms, a kitchen and dinning area, a living room area, laundry room, and a
8 patio and yard with sufficient seating and space for activities. There are no pools or known firearms on
9 the premises.

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11 **Physical Plant:** The physical plant, including floors, windows, and doors, was clean and well
12 maintained. Fixtures and furniture were in good repair. The outdoor area was free of hazards. Laundry
13 equipment was in good working condition. Sharp and dangerous objects were securely locked and
14 inaccessible to residents. Both the smoke detector and carbon monoxide detector were operational, and
15 the hot water temperature was 105.1°F. Fire extinguishers located at kitchen and hallway expire
16 1/16/2027.

17
18 **Food Service:** The facility's kitchen was clean and equipped to prepare food. The facility maintained the
19 required two-day supply of perishable foods and a seven-day supply of non-perishable foods

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NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris

NAME OF LICENSING PROGRAM ANALYST: Ivashia Wright

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 03/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 03/13/2026

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
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FACILITY NAME: LOREN'S GOOD LIFE CARE INC

FACILITY NUMBER: 336427428

VISIT DATE: 03/13/2026

NARRATIVE	
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>Care & Supervision/Administration: Adequate staff were present to supervise clients during the visit. The administrator holds a current administrator's certificate.</p> <p>Record Review and Resident/Staff Files: LPAs reviewed files for two (2) staff members, confirming criminal clearances, updated training, and CPR/First Aid certification. Four (4) residents files were reviewed and contained all required documentation.</p> <p>Health-Related Services/Incidental Medical Services: All resident medications were securely locked. LPAs reviewed medications for four residents, confirming that all medications were listed on the Medication Administration Record (MAR) and accounted for.</p> <p>Disaster Preparedness: LPAs reviewed the facility's emergency and disaster plan, including documentation of the last fire/earthquake drill conducted on 2/15/2026, which met department requirements. All facility exits were clear of obstructions.</p> <p>No deficiencies were cited during the visit. An exit interview was conducted, during which this report was reviewed and provided.</p>

NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris	
NAME OF LICENSING PROGRAM ANALYST: Ivashia Wright	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 03/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 03/13/2026