

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 360900455

Report Date: 01/23/2026

Date Signed: 01/23/2026 02:44:57 PM

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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:	HERITAGE GARDENS	FACILITY NUMBER:	360900455
ADMINISTRATOR/DIRECTOR:	JESSICA J. RAMOS	FACILITY TYPE:	740
ADDRESS:	25271 BARTON RD	TELEPHONE:	(909) 796-0219
CITY:	LOMA LINDA	STATE:	CA
CAPACITY:	64	ZIP CODE:	92354
TYPE OF VISIT:	Required - 1 Year	CENSUS:	55
		DATE:	01/23/2026
		UNANNOUNCED TIME VISIT/INSPECTION:	11:45 AM
		BEGAN:	
MET WITH:	Administrator Jessica Ramos	TIME VISIT/INSPECTION:	03:00 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analysts (LPAs) Sarina Ramirez and Eldin Serrano made an unannounced visit to
2 the facility to conduct a required annual inspection. LPAs met Administrator Jessica Ramos, and
3 discussed the purpose of the visit. The facility is a Residential Care Facility for Elderly (RCFE) with a
4 license capacity of (64), and a current census of (55). LPAs conducted a general inspection of facility,
5 which included, but was not limited to, the following:
6
7 Physical Plant: Indoor and outdoor passageways were kept free of obstruction. The facility has no
8 swimming pool or similar bodies of water. The facility has sufficient space for resident activities. Seven
9 (7) resident bedrooms and Seven (7) resident's bathrooms were inspected, hot water temperature
10 measured at 95 to 106.1 degrees F, technical violation issued. The facility is equipped with operating
11 smoke/carbon monoxide alarms, laundry equipment, and telephone service. The facility has posted in a
12 common area, personal rights, facility sketch, the Community Care Licensing complaint poster,
13 Ombudsman poster, menu, activities, and license. Cleaning supplies and sharps were kept inaccessible
14 to residents in care. Last fire drill was conducted 12/18/25.
15
16 Food Service: Kitchen and dining areas were maintained cleaned. Non-perishable and perishable food
17 supply is sufficient for number of residents in care. Facility refrigerators and freezers were maintained in
18 operating condition.
19
20 Health Related services: LPA audited one (1) resident medication at random and found discrepancies,
21 deficiency issued. Resident's medications are labeled and centrally stored in a locked cart.
22
23
24
25

Continuation on LIC809-C

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons

NAME OF LICENSING PROGRAM ANALYST: Sarina Ramirez

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 01/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/23/2026

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 SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
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FACILITY NAME: HERITAGE GARDENS

FACILITY NUMBER: 360900455

VISIT DATE: 01/23/2026

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><u>Record Review:</u> Five (5) resident files reviewed were observed to be complete. Five (5) staff files reviewed were observed to be complete.</p> <p>Based on LPAs observations and records reviewed, deficiencies and a technical violation are being cited per Title 22, Division 6, of the California Code of Regulations.</p> <p>An exit interview was conducted where this report (LIC809), (LIC809-C), LIC 809D, LIC 9102 were discussed to Administrator Jessica Ramos, copies of the reports were provided with appeal rights to the Administrator at the conclusion of the visit.</p>

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons	
NAME OF LICENSING PROGRAM ANALYST: Sarina Ramirez	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/23/2026
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FACILITY EVALUATION REPORT (Cont)

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FACILITY NUMBER: 360900455

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/23/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type B

Section Cited

CCR

87465(c)(2)

Incidental Medical and Dental Care Services

(c) If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the resident with self-administration, provided all of the following requirements are met: (2) Once ordered by the physician the medication is given according to the physician's directions.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on observation, interview, and record review, the licensee did not comply with the section cited
2 above by not administering medication at the prescribed times, and not signing after administering which
3 poses a potential health, safety or personal rights risk to persons in care.
4

POC Due Date: 01/31/2026

Plan of Correction

1 Administrator has agreed to conduct a training for staff on medication distribution, as well as have staff
2 read and understand the regulation with signatures, providing proof of training to LPA by POC due date.
3
4

Section Cited

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:

Karen Clemons

NAME OF LICENSING PROGRAM
ANALYST:

Sarina Ramirez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/23/2026