

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 360911233
Report Date: 01/06/2025
Date Signed: 01/06/2025 12:36:11 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: LA POSADA II	FACILITY NUMBER: 360911233
ADMINISTRATOR/HERNANDEZ, ORFA RUTH DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 3875 NORTH BELLE STREET	TELEPHONE: (909) 881-1344
CITY: SAN BERNARDINO	STATE: CA ZIP CODE: 92404
CAPACITY: 11	CENSUS: 4 DATE: 01/06/2025
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION 08:40 AM
MET WITH: Administrator, Ruth Chinovsky	BEGAN: TIME VISIT/ INSPECTION 12:35 PM
	COMPLETED:

NARRATIVE	
1	On 01/06/2025 at 8:40AM, Licensing Program Analyst (LPA) Renese Howell-Small arrived unannounced
2	to conduct the required annual visit to the facility. LPA met with Administrator, Ruth Chinovsky and
3	introduced self and stated the purpose of the visit. LPA observed four (4) residents in care.
4	
5	The facility has 6 bedrooms, 3 bathrooms, kitchen, dining area, living room, office, laundry, attached
6	garage, swimming pool and backyard with 1 shed. LPA completed a walk through of facility, review of
7	records and medication audit.
8	
9	Physical Plant: The facility is operating in the capacity approved by Community Care Licensing Division
10	(CCLD). There are no obstructions to indoor and outdoor passageways. The facility is maintained at a
11	comfortable temperature of 76 degrees Fahrenheit. LPA inspected resident bedrooms; they are
12	equipped with required furniture such as: mattresses, night stands, storage space, chairs and sufficient
13	lighting. LPA inspected resident bathrooms; bathrooms were clean and appliances were found
14	functional. Water temperatures tested at 120 degrees Fahrenheit. The facility is equipped with
15	operational smoke detectors, carbon monoxide alarms, charged fire extinguishers and first aid kit.
16	
17	Posters such as; the personal rights, emergency disaster plan, CCLD complaint poster and ombudsman
18	were posted in a common area. Cleaning supplies, toxins, sharps, and other dangerous items were kept
19	locked and inaccessible to residents. There was a designated storage space for resident/staff files.
20	Medications were observed to be locked and inaccessible to residents. There are no firearms or
21	ammunition in the facility. Overall, the facility is clean, in good repair, and operating in safe conditions for
22	residents in care.
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons

NAME OF LICENSING PROGRAM ANALYST: Renese Howell-Small

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/06/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/06/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

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 (Cont)

FACILITY NAME: LA POSADA II

FACILITY NUMBER: 360911233

VISIT DATE: 01/06/2025

NARRATIVE

- 1 **Food Service:** Non-perishable and perishable food supply is sufficient for residents in care. Dishes,
- 2 cups, and utensils were also stored properly.
- 3
- 4 **Yards/Outside:** One shaded patio, side gate with self-latching handle on the left side of the house that
- 5 leads into the backyard, one shed used for storage and one inaccessible swimming pool with locked self
- 6 latching gate observed.
- 7
- 8
- 9
- 10 **Record Review:** LPA reviewed staff and administrator files for First Aid/CPR certification, criminal
- 11 record clearance, trainings, and health screenings. LPA reviewed resident files for admission
- 12 agreements, updated physician reports, and needs and services plans.
- 13
- 14 No deficiencies were cited during this visit. A Technical Assistance was given to assist with the
- 15 organization of distributing medication. An exit interview was conducted where this report LIC809,
- 16 LIC809C and LIC9102 were discussed and copies were provided to Administrator, Ruth Chinovsky.
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NAME OF LICENSING PROGRAM ANALYST: Renese Howell-Small

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/06/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/06/2025