

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 361800187

Report Date: 12/11/2025

Date Signed: 12/11/2025 12:13:07 PM

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

FACILITY NAME:	ROSE VALLEY REDLANDS	FACILITY NUMBER:	361800187
ADMINISTRATOR/DIRECTOR:	GLENN BERNAL	FACILITY TYPE:	740
ADDRESS:	153 S DEARBORN ST	TELEPHONE:	(909) 389-7586
CITY:	REDLANDS	STATE:	CA
CAPACITY:	6	ZIP CODE:	92374
TYPE OF VISIT:	Required - 1 Year	CENSUS:	6
		DATE:	12/11/2025
		UNANNOUNCED TIME VISIT/INSPECTION	09:00 AM
MET WITH:	Mistie Felton, House Manager	BEGAN TIME VISIT/INSPECTION	12:20 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analyst (LPA) Magda Malcore made an unannounced visit to the
2 facility to conduct a required annual inspection. LPA was granted entry, met with
3 Mistie Felton, House Manager, and discussed the purpose of the visit.
4

5
6 The facility is a Residential Care Facility for the Elderly (RCFE) with a license
7 capacity of (6) and a current census of (6) residents in care. LPA conducted an
8 overall inspection of the facility, which included, but was not limited to, the following:
9


10 **Physical Plant/Environment:** The facility is operating in the capacity approved by
11 Community Care Licensing Division (CCLD). Indoor and outdoor passageways are
12 free of obstruction. The facility has no swimming pools or similar bodies of water.
13 Outdoor shaded area is sufficient for resident activities and is enclosed with self-
14 latching gates. The facility is equipped with carbon monoxide/smoke alarms, two (2)
15 fully charged fire extinguishers, covered fireplace, laundry equipment, emergency
16 food/water, hallway lighting, sufficient personal hygiene products, and telephone
17 service. The facility is maintained at a temperature of 74 degrees Fahrenheit (F).
18 Resident bathrooms were operating in a safe and sanitary conditions. The hot water
19 temperature in residents' bathrooms measured 116 degrees F. Resident's bedrooms
20 were equipped mattresses, bed linen, night stands, chairs, storage space and
21 lighting. The facility has posted in a common area: Community Care Licensing
22 complaint poster, Ombudsman poster, facility license, resident councils rights,
23 disaster evacuation plan and emergency telephone numbers. Sharps, disinfectants,
24 and cleaning solutions were kept locked and inaccessible to residents in care.
25

Food Service: Facility kitchen and dining areas are maintained clean. The facility has sufficient non-perishable and perishable food supply for residents in care. The facility has a sample menu posted in the kitchen area.

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons

NAME OF LICENSING PROGRAM ANALYST: Magda Malcore

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/11/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/11/2025

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

LIC809 (FAS) - (06/04)

California Health & Human Services Agency

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California Department of Social Services

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, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
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FACILITY NAME: ROSE VALLEY REDLANDS

FACILITY NUMBER: 361800187

VISIT DATE: 12/11/2025

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: Facility has 24-hour, 7 days a week care staff. Staff working have criminal record clearances and first Aid/CPR certifications.</p> <p>Medications: Facility maintains records of resident's medications and medications were kept locked.</p> <p>Record Review: Three (3) staff files reviewed were observed to be complete. Four (4) resident files reviewed were observed to be complete. The facility maintains records of the Administrator's certification, liability insurance, client registry, staff emergency drill training, infection control plan, emergency and disaster plan.</p> <p>Annual inspection is complete with no deficiencies cited. An exit interview was conducted where this report was discussed and a copy provided to House Manager Felton at the conclusion of the visit.</p>

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons NAME OF LICENSING PROGRAM ANALYST: Magda Malcore LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 12/11/2025
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/11/2025