

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 361800233

Report Date: 11/10/2025

Date Signed: 11/10/2025 12:09:22 PM

Document Has Been Signed on 11/10/2025 12:09 PM - It Cannot Be Edited

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:	CARMEL CARE HOME	FACILITY NUMBER:	361800233
ADMINISTRATOR/DENSEN, ROMMEL DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	11971 4TH AVE	TELEPHONE:	(760) 488-1828
CITY:	HESPERIA	STATE:	CA
CAPACITY:	10	ZIP CODE:	92345
TYPE OF VISIT:	Required - 1 Year	CENSUS:	5
		DATE:	11/10/2025
		UNANNOUNCED TIME VISIT/ INSPECTION	09:20 AM
		BEGAN:	
MET WITH:	Caroline Densen	TIME VISIT/ INSPECTION	12:15 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analyst (LPA) Magda Malcore made an unannounced visit to the facility to conduct a
2 required comprehensive annual inspection. LPA met with Administrator, Caroline Densen, was granted
3 entry to the facility, and discussed the purpose for the visit. The facility is a Residential Care Facility for
4 Elderly (RCFE) with a license capacity of (10), and a current census of (5). LPA conducted a general
5 inspection of facility, which included, but was not limited to, the following:
6
7 Operation/Physical Plant: The facility is operating in the capacity approved by Community Care
8 Licensing Division (CCLD). Indoor and outdoor passageways were kept free of obstruction. The facility
9 has no swimming pools or similar bodies of water. The facility has sufficient indoor and outdoor space
10 for resident activities. The facility is maintained at a temperature of 76 degrees F. Resident bedrooms
11 were furnished with beds, bed linen, night stands, chairs, and lighting. Resident (3) bathrooms fixtures
12 were operating properly. The hot water temperatures in the bathrooms measured at 106 degrees F. The
13 facility is equipped with operating smoke detectors and carbon monoxide alarms, fully charged fire
14 extinguishers, laundry equipment, emergency water/food, hallway lighting and telephone service. The
15 facility has posted in a common area Community Care Licensing complaint poster, Ombudsman poster,
16 facility license, emergency telephone numbers, resident council, and theft/loss policy. The facility staff
17 schedule reflects 24 hours a day, 7 days a week staff coverage.
18
19 Food Service: Non-perishable and perishable food supply was sufficient for number of residents in care.
20 Cups, plates, and utensils were sufficient for number of residents in care. The facility's refrigerator and
21 freezer were operating properly.
22
23 **continued on LIC809C**
24
25

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons

NAME OF LICENSING PROGRAM ANALYST: Magda Malcore

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 11/10/2025**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:**

DATE: 11/10/2025**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, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
--	---

FACILITY NAME: CARMEL CARE HOME

FACILITY NUMBER: 361800233

VISIT DATE: 11/10/2025

NARRATIVE	
1	<u>Health Related Services:</u> The facility maintains record of resident's medications and medications were
2	centrally store in a locked cabinet. The facility maintains a first aid kit with manual.
3	
4	<u>Record Review:</u> Resident files were reviewed for admissions agreements, physician's reports,
5	appraisals, and hospice care plans. Staff files were reviewed for First Aid/CPR certifications, criminal
6	record clearances, annual training, and health screenings. The Administrator's certification, facility's
7	insurance and emergency drill training are up to date.
8	
9	The following deficiencies were observed and cited per Title 22, Division 6, of the California Code of
10	Regulations: LPA observed in two (2) bathrooms chemicals/cleaning solutions kept unlocked and
11	accessible to residents in care. LPA observed in facility livingroom, the ceiling fan was covered with
12	dust.
13	
14	An exit interview was conducted where this report (LIC809) was discussed and a copy provided with
15	appeal rights to Administrator Densen at the conclusion of the visit.
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Magda Malcore
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 11/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 11/10/2025

Document Has Been Signed on 11/10/2025 12:09 PM - It Cannot Be Edited

Citations on this Visit Report are Under Appeal!

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: CARMEL CARE HOME

FACILITY NUMBER: 361800233

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/10/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Under Appeal	Type A	Section Cited	CCR	87303(a)	
---------------------	---------------	----------------------	------------	-----------------	--

Maintenance and Operation

(a) The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on LPA observations, the licensee did not comply with the section cited above by ceiling fan in
 2 the facility livingroom was covered with dust; which poses an immediate health, safety or personal rights
 3 risk to persons in care.
 4

POC Due Date: 11/12/2025

Plan of Correction

1 Facility staff cleaned the fan during visit.
 2
 3
 4

Under Appeal	Type A	Section Cited	CCR	87309(a)	
---------------------	---------------	----------------------	------------	-----------------	--

Storage Space and Access

(a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage.

This requirement is not met as evidenced by:

Deficient Practice Statement


1 Based on LPA observations, the licensee did not comply with the section cited above by
 2 chemicals/cleaning solutions were kept unlocked and accessible to residents in care in two (2)
 3 bathrooms; which poses an immediate health, safety or personal rights risk to persons in care.
 4

POC Due Date: 11/12/2025

Plan of Correction

1 Facility staff removed and locked the chemicals/cleaning solutions during visit.
 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:	Magda Malcore
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 11/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/10/2025