

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 361800458
Report Date: 05/26/2026
Date Signed: 05/26/2026 02:08:46 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: ADVANTAGE CARE FACILITY		FACILITY NUMBER:	361800458
ADMINISTRATOR/TORRES, MELVIN		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	27438 STRATFORD STREET	TELEPHONE:	(909) 910-5629
CITY:	HIGHLAND	STATE: CA	ZIP CODE: 92346
CAPACITY: 6	CENSUS: 4	DATE:	05/26/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION	09:40 AM
MET WITH: Administrator, Melvin Torres		BEGAN: TIME VISIT/INSPECTION	02:15 PM
COMPLETED:			
NARRATIVE			
1	On 05/26/2026 at 9:40AM Licensing Program Analyst (LPA) Renese Howell-Small made an		
2	unannounced visit to the facility. The purpose of the visit was to conduct a required comprehensive		
3	annual inspection. LPA met with Administrator, Melvin Torres and was granted entry to the facility. At the		
4	time of the visit there was three (3) staff and four (4) residents present. The facility is a five (5) bedroom,		
5	two (2), bathroom home, with a kitchen/dining area, living room, and attached garage. The facility is a		
6	Residential Care Facility for Elderly (RCFE). Licensed capacity is (6) current census (4). LPA was		
7	accompanied by the Administrator, to conduct a general overall inspection, which included, but was not		
8	limited to, the following:		
9			
10	<u>Physical Plant:</u> The facility is operating in the capacity approved by Community Care Licensing (CCL).		
11	There are no obstructions to indoor and outdoor passageways. The facility is maintained at a		
12	comfortable temperature. LPA inspected resident's bedrooms; they are equipped with required furniture		
13	such as: mattresses, nightstands, storage space, and sufficient lighting; bathrooms were clean, and		
14	appliances were operating appropriately. LPA observed sufficient furniture and lighting throughout the		
15	facility. LPA measured and observed the water temperatures in the bathrooms to be 105 degrees		
16	Fahrenheit. The facility is equipped with operating smoke detectors and carbon monoxide alarms.		
17	Posters such as personal rights, the CCL complaint poster, and the disaster plan were posted in a		
18	common area. Cleaning supplies, toxins, sharps, and other dangerous items were kept inaccessible to		
19	residents in care. There was a designated storage space for resident/staff files. Medications were kept		
20	inside kitchen cabinet inaccessible to residents in care. Overall, the facility is clean, in good repair, and		
21	operating in safe conditions for residents in care.		
22			
23	<u>Food Service:</u> Non-perishable and perishable food supply is sufficient for number of residents in care.		
24			
25	<u>Care & Supervision:</u> Facility has sufficient care staff for coverage 24 hours a day, 7 days a week. All staff		
members working in the facility have criminal record clearance through the Department.			
NAME OF LICENSING PROGRAM MANAGER: Karen Clemons			

NAME OF LICENSING PROGRAM ANALYST: Renese Howell-Small

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/26/2026

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

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 III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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Created By: Renese Howell-Small On 05/26/2026 at 01:42 PM
Link to Parent Document Below:

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

FACILITY NAME: ADVANTAGE CARE FACILITY

FACILITY NUMBER: 361800458

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/26/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.625(b)(2)	
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Other Provisions

(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.
This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on interview and record review, the licensee did not comply with the section cited above by not ensuring that staff received current training related to resident care which poses a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 06/05/2026
	Plan of Correction
1	The Administrator will conduct two (2) staff trainings with a minimum duration of one (1) hour with staff and send proof to LPA by Plan of Correction (POC) due date.
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		Section Cited			
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	Deficient Practice Statement
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	POC Due Date:
	Plan of Correction
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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:	Renese Howell-Small
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 05/26/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 05/26/2026

LIC809 (FAS) - (06/04)

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VISIT DATE: 05/26/2026

NARRATIVE	
1	<u>Record Review:</u> LPA reviewed four (4) resident files for admission agreements, updated physician
2	reports, and needs and services plans. LPA also reviewed four (4) staff files for First Aid/CPR
3	certification, criminal record clearance, training, and health screenings. LPA did not observe proof of
4	current training for staff. A deficiency was cited. Medications were audited at random and appeared to
5	be dispensed appropriately by staff members.
6	
7	Based on the observations made during today's visit, a deficiency was cited and Technical Violation
8	were given per Title 22, Division 6, of the California Code of Regulations.
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10	An exit interview was conducted, and this report (LIC809), LIC809D, LIC9102 and Appeal Rights were
11	discussed and copies were provided to Administrator, Melvin Torres.
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