

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 361880626

Report Date: 11/07/2025

Date Signed: 11/07/2025 12:29:24 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
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FACILITY NAME: JCP COTTAGE	FACILITY NUMBER: 361880626
ADMINISTRATOR/FRISCO SANRY	FACILITY TYPE: 740
DIRECTOR:	TELEPHONE: (760) 780-0970
ADDRESS: 14241 LA MIRADA ST	ZIP CODE: 92392
CITY: VICTORVILLE	STATE: CA
CAPACITY: 6	CENSUS: 4
TYPE OF VISIT: Required - 1 Year	DATE: 11/07/2025
	UNANNOUNCED TIME VISIT/INSPECTION: 08:32 AM
	BEGAN: TIME VISIT/INSPECTION: 12:45 PM
MET WITH: Sevi Turangan- Licensee	COMPLETED:

NARRATIVE	
1	Licensing Program Analyst (LPA) Michelle Echeverria arrived unannounced to conduct the required
2	annual visit to the facility. LPA met with Staff, Jusuf Audhy Dajoh and introduced self and stated the
3	purpose of the visit. Audhy notified the Licensee, Sevi Turangan over the phone about the LPA's
4	purpose of the visit and Licensee arrived shortly after.
5	
6	The facility has 6 bedrooms, 2 bathrooms, kitchen, dining area, living room, laundry, backyard, and
7	attached garage. LPA completed a walk through of facility, review of records and medication audit.
8	
9	<b>Physical Plant:</b> The facility is operating in the capacity approved by Community Care Licensing (CCL).
10	There are no obstructions to indoor and outdoor passageways. The facility is maintained at a
11	comfortable temperature of 78 degrees fahrenheit. LPA inspected resident bedrooms; they are equipped
12	with required furniture such as: mattresses, night stands, storage space, chairs and sufficient lighting.
13	LPA inspected resident bathrooms; bathrooms appliances were found functional. Water temperatures
14	tested at 109 degrees fahrenheit. The facility is equipped with operational smoke detectors, carbon
15	monoxide alarms, charged fire extinguisher and first aid kit. Posters such as; the personal rights,
16	emergency disaster plan, CCL complaint poster and ombudsman were posted in a common area.
17	Cleaning supplies, toxins, sharps, and other dangerous items were kept locked and inaccessible to
18	residents. There was a designated storage space for resident/staff files. Medications was observed
19	locked and inaccessible to residents. There is no swimming pool, bodies of water, firearms or
20	ammunition in the facility. Overall, the facility is clean, in good repair, and operating in safe conditions for
21	residents in care.
22	
23	<b>Food Service:</b> Non-perishable and perishable food supply is sufficient for residents in care. Dishes,
24	cups, and utensils were also stored properly.
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Nedra Brown
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Michelle Echeverria


**DATE:** 11/07/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/07/2025

**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 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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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
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**FACILITY NAME:** JCP COTTAGE

**FACILITY NUMBER:** 361880626

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 11/07/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87202(a)(2)	
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**Fire Clearance**

(a) All facilities shall maintain a fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal. Prior to accepting or retaining any of the following types of persons, the applicant or licensee shall notify the licensing agency and obtain an appropriate fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal: (2) Bedridden persons

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on observation, interview and record review, the licensee did not comply with the section cited above by placing a bedridden resident in a nonambulatory bedroom which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	<b>POC Due Date:</b> 11/08/2025
	<b>Plan of Correction</b>
1	Licensee stated that she will transfer the bedridden resident into the bedridden approved bedroom and will send pictures of both rooms after transfer to LPA via email by POC due date.
2	
3	
4	

	Section Cited			
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	<b>Deficient Practice Statement</b>
1	
2	
3	
4	
	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
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.**

Nedra Brown

NAME OF LICENSING PROGRAM

MANAGER:

NAME OF LICENSING PROGRAM

Michelle Echeverria

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature box]

DATE: 11/07/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature box]

DATE: 11/07/2025

LIC809 (FAS) - (06/04)

Page: 3 of 8

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
1650 SPRUCE ST STE 200 MS29-27
RIVERSIDE, CA 92507

FACILITY NAME: JCP COTTAGE

FACILITY NUMBER: 361880626

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/07/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Table with 6 columns: Type B, Section Cited, CCR, 87470(c)(1)(D)

Infection Control Requirements

(c) An Infection Control Plan shall be developed by the licensee and shall be included in the Plan of Operation required by Section 87208. (1) The Infection Control Plan shall include all of the following: (D) The licensee shall review the use of infection control procedures in the facility at least annually, if local government public health determines an epidemic outbreak has occurred, or if the review is requested by the local licensing agency.

This requirement is not met as evidenced by:

Table with 2 columns: Deficient Practice Statement, Plan of Correction

Table with 6 columns: Type B, Section Cited, HSC, 1569.618(c)(3)

Other Provisions


(c)The facility shall employ, and the administrator shall schedule, a sufficient number of staff members to do all of the following: (3) Ensure that at least one staff member who has cardiopulmonary resuscitation (CPR) training and first aid training is on duty and on the premises at all times. This paragraph shall not be construed to require staff to provide CPR.

This requirement is not met as evidenced by:

Table with 2 columns: Deficient Practice Statement

3	poses a potential health, safety or personal rights risk to persons in care.
4	
<b>POC Due Date:</b> 11/11/2025	
<b>Plan of Correction</b>	
1	Administrator stated that the staff will renew their CPR certification and send proof to LPA via email by POC due date.
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.

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Nedra Brown
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Michelle Echeverria
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 11/07/2025

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

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<b>FACILITY EVALUATION REPORT (Cont)</b>	

**FACILITY NAME:** JCP COTTAGE

**FACILITY NUMBER:** 361880626

**DEFICIENCY INFORMATION FOR THIS PAGE:**

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**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87465(a)(4)</b>	
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**Incidental Medical and Dental Care Services**

(4) The licensee shall assist residents with self-administered medications as needed.  
 This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on observation, interview and record review, the licensee did not comply with the section cited above by not assisting the residents with their medication as prescribed by their physician which poses a potential health, safety or personal rights risk to persons in care.
2	
3	
4	

**POC Due Date:** 11/14/2025

**Plan of Correction**

1	Administrator stated that she will train staff on the process of administering medication and send proof to LPA via email by POC due date.
2	
3	
4	

	<b>Type B</b>	<b>Section Cited</b>	<b>HSC</b>	<b>1569.695(a)(2)</b>	
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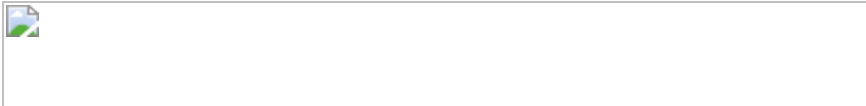
**Other Provisions**

(a) In addition to any other requirement of this chapter, a residential care facility for the elderly shall have an emergency and disaster plan that shall include, but not be limited to, all of the following: (2) Plans for the facility to be self-reliant for a period of not less than 72 hours immediately following any emergency or disaster, including, but not limited to, a short-term or long-term power failure. If the facility plans to shelter in place and one or more utilities, including water, sewer, gas, or electricity, is not available, the facility shall have a plan and supplies available to provide alternative resources during an outage.

This requirement is not met as evidenced by:

<b>Deficient Practice Statement</b>	
1 2 3 4	Based on observation, interview and record review, the licensee did not comply with the section cited above by not having emergency kits which poses a potential health, safety or personal rights risk to persons in care.
<b>POC Due Date:</b> 11/14/2025	
<b>Plan of Correction</b>	
1 2 3 4	Licensee stated that she will purchase or assemble emergency kits and send proof to LPA via email by POC due date.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Nedra Brown
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Michelle Echeverria
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 11/07/2025
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**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type B</b>	<b>Section Cited</b>	<b>HSC</b>	<b>1569.695(c)</b>	
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**Other Provisions**

(c) A facility shall conduct a drill at least quarterly for each shift. The type of emergency covered in a drill shall vary from quarter to quarter, taking into account different emergency scenarios. An actual evacuation of residents is not required during a drill. While a facility may provide an opportunity for residents to participate in a drill, it shall not require any resident participation. Documentation of the drills shall include the date, the type of emergency covered by the drill, and the names of staff participating in the drill.

This requirement is not met as evidenced by:

<b>Deficient Practice Statement</b>	
-------------------------------------	--

1 Based on observation, interview and record review, the licensee did not comply with the section cited  
2 above by not keeping proof of the previous of the drills conducted prior to October 2025 which poses a  
3 potential health, safety or personal rights risk to persons in care.  
4

**POC Due Date:** 11/11/2025

**Plan of Correction**

1 Licensee stated that she will review the regulation cited and submit a statement of understanding to LPA  
2 via email by POC due date.  
3  
4

	<b>Type B</b>	<b>Section Cited</b>	<b>HSC</b>	<b>1569.695(d)</b>	
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**Other Provisions**

(d) A facility shall review the plan annually and make updates as necessary, including changes in floor plans and the population served. The licensee or administrator shall sign and date documentation to indicate that the plan has been reviewed and updated as necessary.

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 reviewing/updating the emergency disaster plan annually which poses a potential health,  
3 safety or personal rights risk to persons in care.  
4

**POC Due Date:** 11/14/2025

**Plan of Correction**


1 Licensee stated that she will review/update the emergency disaster plan with the current version and  
2 send proof to LPA via email by POC due date.  
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:** Nedra Brown

**NAME OF LICENSING PROGRAM ANALYST:** Michelle Echeverria

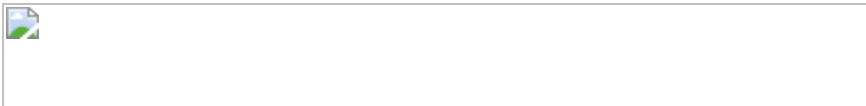
**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/07/2025

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**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/07/2025

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
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**FACILITY NAME:** JCP COTTAGE

**FACILITY NUMBER:** 361880626

**VISIT DATE:** 11/07/2025

**NARRATIVE**

1 **Yards/Outside:** One shaded patio, side gate with self-latching handle on the left and right side of the  
2 house that leads into the backyard and one shed used for storage.  
3

4 **Record Review:** LPA reviewed all resident files for admission agreements, updated physician reports,  
5 and needs and services plans. LPA observed that the residents appraisals have not been  
6 reviewed/updated annually. Technical violation issued. LPA observed that a bedridden resident was  
7 placed in a nonambulatory bedroom. Deficiency with civil penalty issued. LPA also reviewed personnel

8 and administrator files for First Aid/CPR certification, criminal record clearance, trainings, and health  
9 screenings. LPA observed that the only staff present upon arrival had an expired CPR certification.  
10 Deficiency issued. Medications were audited at random and discrepancies were found. LPA observed  
11 that the medication log was not updated with the correct medications and dispensing initials were  
12 missing. Deficiency issued. LPA reviewed the facility's insurance coverage, emergency disaster plan,  
13 infection control plan and emergency drills. LPA observed that the infection control plan was not  
14 reviewed/updated annually. Deficiency issued. LPA observed that the emergency disaster plan was not  
15 reviewed/updated since 11/5/24. Deficiency issued. LPA observed that the facility did not have  
16 emergency kits. Deficiency issued. LPA observed that the facility is not maintaining proof of the quarterly  
17 drills before October 2025. Deficiency issued.  
18  
19 Deficiencies, technical violation and one civil penalty were cited during this visit. An exit interview was  
20 conducted where this report LIC809, LIC809C, LIC809D, LIC9102TV, LIC4211M and appeal rights were  
21 discussed and copies were provided to Licensee, Sevi Turangan.  
22  
23  
24  
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32

**NAME OF LICENSING PROGRAM MANAGER:** Nedra Brown  
**NAME OF LICENSING PROGRAM ANALYST:** Michelle Echeverria  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_ **DATE:** 11/07/2025

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