

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 361880646  
**Report Date:** 01/30/2023  
**Date Signed:** 01/30/2023 01:33:26 PM

**Document Has Been Signed on 01/30/2023 01:33 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	WHISPERING WINDS OF APPLE VALLEY ASSISTED LIVING	FACILITY NUMBER:	361880646
ADMINISTRATOR:	MONYA HENRY	FACILITY TYPE:	740
ADDRESS:	11825 APPLE VALLEY ROAD	TELEPHONE:	(760) 961-1212
CITY:	APPLE VALLEY	STATE: CA	ZIP CODE: 92308
CAPACITY:	115	CENSUS:	69
TYPE OF VISIT:	Case Management - Other	ANNOUNCED	DATE: 01/30/2023
MET WITH:	Executive Director, Monya Henry and Memory Care Director, Jessie Kelly	TIME BEGAN:	09:24 AM
		TIME COMPLETED:	01:36 PM

NARRATIVE	
1	On 1/30/2023 at 9:24 a.m. Licensing Program Analysts (LPAs) Magda Malcore and Rayshaun Nickolas
2	conducted an announced case management visit. The purpose for this visit is in response to the facility's
3	request for an capacity increase and new memory care unit. LPAs Malcore and Nickolas met with
4	Executive Director Monya Henry and Memory Care Director Jessie Kelly who assisted LPAs with facility
5	tour.
6	
7	Per Henry a section of the pre-existing assisted living unit was converted to the memory care unit. A
8	representative from Apple Valley Fire Protection District conducted a fire safety inspection 11/17/2022
9	and cleared the facility for non-ambulatory and/or bedridden residents located throughout first and
10	second floors with increase capacity of one (1).
11	
12	LPAs observed that the current memory care unit is still under construction. Per Henry construction will
13	be completed on 2/09/2023. LPAs observed no clients residing in the memory care unit during its
14	construction. The memory care unit staff will include two (2) caregivers, one (1) memory care director,
15	and one (1) med technician. The memory care unit is secured. Memory care staff will utilized the unit by
16	using a four (4) digit PIN. Selected memory care staff will be given a key fob which tracks access by
17	name. Per Henry only the memory care staff and all directors will have access to the secured memory
18	care unit. The memory care has a delayed egress that was not activated. However, Henry directed
19	maintenance to activate the delayed egress for LPAs inspection.
20	
21	At 9:37 a.m. LPAs Malcore and Nickolas inspected the memory care unit. The memory care living room
22	area has adequate seating and furniture is in good repair. The kitchenette has new appliances and is in
23	good repair. The kitchenette is connected to dining area. The dining area furniture is in good repair with
24	adequate seating for 20 people. LPAs observed three (3) pull cords in the dining area.
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Karen Clemons
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Magda Malcore

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 01/30/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 01/30/2023

**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, 1650 SPRUCE ST STE 200  
MS29-27  
RIVERSIDE, CA 92507

**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** WHISPERING WINDS OF APPLE VALLEY  
ASSISTED LIVING

**FACILITY NUMBER:** 361880646

**VISIT DATE:** 01/30/2023

**NARRATIVE**

1 LPAs inspected eight (8) private rooms and five (5) shared rooms. LPAs observed that all rooms had  
2 new mattresses and pull cords however, rooms did not have much furniture do to being under current  
3 construction. All bathrooms had handrails and pull cords. LPAs observed that the model unit had  
4 required bedding and furniture such as new mattress/linen, sufficient storage space, chairs and lighting.  
5 Model unit bathroom had towels, grab rails near the toilet and in the shower. LPAs also observed that  
6 the water temperture in the bathroom was 109 degrees fahrenheit. LPAs ended tour in the sun room  
7 which had adequate seating and furniture was in good repair. The sun room french doors has access to  
8 an enclosed courtyard.  
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10 No deficiencies we cited during this visit. An exit interview was conducted where this report was  
11 discussed and provided to Henry.  
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**NAME OF LICENSING PROGRAM MANAGER:** Karen Clemons

**NAME OF LICENSING PROGRAM ANALYST:** Magda Malcore

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 01/30/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/30/2023