

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 361880660  
Report Date: 07/02/2021  
Date Signed: 07/02/2021 04:11:12 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: RIALTO ASSISTED LIVING	FACILITY NUMBER: 361880660
ADMINISTRATOR: KYONG SUK LEE	FACILITY TYPE: 740
ADDRESS: 1441 S RIVERSIDE AVE	TELEPHONE: (909) 877-2340
CITY: RIALTO	STATE: CA
CAPACITY: 94	ZIP CODE: 92376
TYPE OF VISIT: Case Management - Other	CENSUS: 47
MET WITH: Tae Kim - Assistant Administrator	DATE: 07/02/2021
	UNANNOUNCED TIME BEGAN: 01:30 PM
	TIME COMPLETED: 03:00 PM

### NARRATIVE

1 Licensing Program Analyst (LPA) Crystal Colvin arrived at the facility unannounced for the purpose of  
2 investigating recent concerns received regarding facility operations. LPA Colvin met with Assistant  
3 Administrator Tae Kim and advised him of the purpose of the visit. Below is a summary of items  
4 discussed/addressed:  
5  
6 **Bed Bugs** - Issue currently resolved according to Assistant Administrator Tae Kim  
7  
8 **Roommate Issues/ Smoking in Rooms** - Issue resolved according to staff.  
9  
10 **Sale of Postal Stamps** - Title 22 Regulations discussed and Tae Kim was informed on how to comply  
11 with the Regulations in this regard. A Technical Violation is being issued to the facility in lieu of a  
12 deficiency.  
13  
14 **Broken Laundry Machine** - LPA Colvin confirmed that one of the two facility's washing machines is  
15 broken, and the facility is not expecting to have a repairman be able to come out until 7/8/21. Staff  
16 accounts vary on the date that the washing machine broke down. LPA Colvin reviewed the Maintenance  
17 Log and observed notes on 6/16/21, 6/24/21, 6/29/21, and 6/30/21 regarding the washing machine not  
18 working and calling various persons to investigate getting it repaired. While the facility does still have  
19 one operating washing machine, the housekeeping staff is having to prioritize which articles to wash  
20 first, and hold off on other items (such as blankets and comforters) in order to ensure that towels and  
21 sheets are kept clean and available to change for residents. The facility has not taken additional  
22 measures to ensure that there is adequate equipment available for the washing of resident's clothing  
23 and other necessary items (towels, sheets, blankets). Deficiency cited. During today's visit, LPA Colvin  
24 was additionally informed by Assistant Administrator Tae Kim that the Administrator (Kyong "Clara" Suk  
25 Lee) is currently on medical leave and Tae will be filling in as Assistant Administrator in the meantime.

NAME OF LICENSING PROGRAM MANAGER: Joel Esquivel  
NAME OF LICENSING PROGRAM ANALYST: Crystal Colvin

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/02/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/02/2021

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

LIC809 (FAS) - (06/04)

Page: 1 of 3

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**Created By: Crystal Colvin On 07/02/2021 at 03:33 PM**  
**Link to Parent Document Below:**

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

**FACILITY NAME:** RIALTO ASSISTED LIVING

**FACILITY NUMBER:** 361880660

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 07/02/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 07/06/2021 Section Cited	1 Maintenance and Operation: (g) 2 Facilities which have machines and 3 do their own laundry shall: (1) Have 4 adequate supplies available and 5 equipment maintained in good 6 repair.... This requirement was not 7 met by:		
	8 Based on interviews and record 9 review, the Licensee did not comply 10 with the above regulation with 1 of 2 11 washing machines. LPA Colvin 12 observed that 1 of the 2 facility 13 washing machines has been out of 14 order since 6/16/21 and will not be fixed until at least 7/8/21. This is a potential personal rights and health risk.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 7		

**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>SUPERVISOR'S NAME:</b>	Joel Esquivel
<b>LICENSING EVALUATOR NAME:</b>	Crystal Colvin

LICENSING EVALUATOR SIGNATURE:



DATE: 07/02/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/02/2021

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** RIALTO ASSISTED LIVING

**FACILITY NUMBER:** 361880660

**VISIT DATE:** 07/02/2021

**NARRATIVE**

1	The facility was cited a deficiency which is detailed on the LIC809D. A copy of this report, LIC809D, LIC9102TV, and appeal rights were provided to Assistance Administrator Tae Kim during the exit interview.
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**NAME OF LICENSING PROGRAM MANAGER:** Joel Esquivel  
**NAME OF LICENSING PROGRAM ANALYST:** Crystal Colvin  
**LICENSING PROGRAM ANALYST SIGNATURE:**

DATE: 07/02/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/02/2021