

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 361880660

Report Date: 02/12/2026

Date Signed: 02/12/2026 04:52:44 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:	RIALTO ASSISTED LIVING	FACILITY NUMBER:	361880660
ADMINISTRATOR/KYONG SUK LEE		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(909) 877-2340
ADDRESS:	1441 S RIVERSIDE AVE	STATE: CA	ZIP CODE: 92376
CITY:	RIALTO	CENSUS: 54	DATE: 02/12/2026
CAPACITY:	94	UNANNOUNCED TIME VISIT/INSPECTION	09:17 AM
TYPE OF VISIT:	Required - 1 Year	BEGAN:	
MET WITH:	Darcy Poau, Med-Tech, and Tae Kim, Administrator	TIME VISIT/INSPECTION	05:15 PM
		COMPLETED:	

NARRATIVE

1 On 2/12/2026 at approximately 9:17 AM Licensing Program Analyst, LaVette Farlow, (LPA) arrived at the
2 Rialto Assisted Living Facility unannounced to conduct an Annual Inspection. LPA introduced self to
3 Med-Tech Darcy Poua and stated purpose of the visit. Darcy notified Administrator, Tae Kim of LPA's
4 arrival and LPA was provided a space to work in the Library. LPA later meet with Administrator. LPA
5 discussed the purpose of the visit and conducted a tour of the facility. LPA Farlow was escorted by
6 Beverly Robertson to inspection the facility and the following information was observed:

7
8 **Physical Plant:** LPA observed the facility's temperatures to be comfortable and measured at 75, 78,
9 and 75 degrees Fahrenheit. LPA observed the hot water temperature throughout the resident residents,
10 and common area bathrooms. The water temperature in the residents bathroom and common area
11 bathrooms measured at 109.3, 122.7, 116.5 and 117.3, which is within regulations. LPA observed
12 bathrooms and found that showers sinks and toilets are operable. Each bathroom contained adequate
13 amounts of hand hygiene and paper products. LPA observed 1 resident shower was used as a storage
14 to maintain and store a shower chair, wheelchair , and a over the toilet commode. **A Deficiency cited.**
15 The facility houses a laundry room ran by housekeeping staff. LPA observed that linens and hygiene
16 items are enough for residents in care. Each resident room included lamps, night-lights and appropriate
17 lighting to ensure residents comfort and safety. The facility is equipped with smoke alarms and carbon
18 monoxide detectors. The facility maintains a contract with a third party company who conducts
19 fire/disaster drills on a regular basis.
20 (LIC809C Continued)

NAME OF LICENSING PROGRAM MANAGER: Nedra Brown
NAME OF LICENSING PROGRAM ANALYST: Lavette Farlow

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 02/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 02/12/2026

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 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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507</p>
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FACILITY NAME: RIALTO ASSISTED LIVING

FACILITY NUMBER: 361880660

VISIT DATE: 02/12/2026

NARRATIVE	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>No abnormal notes made. Fire Extinguishers were observed throughout the facility. Fire Extinguishers were last inspected November 3, 2025.</p> <p>Food Service: Nonperishable and perishable food items observed were sufficient for number of residents in care. Food is being prepared and stored properly. Facility offers a variety of food options and snacks for residents. Kitchen Staff maintain a food menu which is updated on a monthly basis.</p> <p>Care & Supervision: Facility has sufficient care staff; toxic items are inaccessible to residents in care and stored and kept secure in closets throughout the facility. LPA observed the facility successfully completed the Hospice increase from 4 to 10 hospice residents in care.</p> <p>Record Review and Resident/Staff Files: LPA reviewed records for seven (7) residents currently living at the facility. LPA reviews the records for the following documents: Admission Agreement, Physician Reports, Centrally Stored Medication log/MARs, and Needs and Services Plans. LPA observed that 1 out of 7 residents had an incomplete Admission agreement, meaning several signature and initials were missing from the resident, residents responsible party and Administrator. A Technical Violation issued. LPA observed 2 out of 7 residents did not have a current Physician Report. 1 out of 7 residents were missing a current Needs and Service Plan. Deficiencies cited. LPA additionally reviewed seven (7) staff files for Training Records, CPR/First Aid Certificate, Criminal Record Clearance, and Health Screening Report/TB Test results. LPA observed 2 out of 7 staff missing a Health Screening Report, LPA did identify a TB test results available. A Deficiency cited. LPA observed that 2 out of 7 staff had expired CPR/First Aid Certificate. A Technical Violation issued.</p> <p>Administration: Disaster Plan, Ombudsman poster, Administrator Certificate, and facility license are posted in a prominent place. Emergency Disaster Plan is current. Facility files are maintained in secure locations in the facility main office.</p> <p>Medication/Medical Related Services: LPA observed that the residents' medication is centrally stored and locked in the facility Medications Room; managed by Medication Technicians. LPA observed that 1 out of 7 resident MAR was missing a Med-Tech signature stating the medication wasn't dispensed for whatever reason. There wasn't any notes providing a explanation for the missed medication. One (1) MARs was missing a notation of a dispensed medication. A Deficiency cited.</p> <p>Based on observations, five deficiencies cited and two technical violation issued per Title 22, California Code of Regulations. An exit interview conducted and copy of this report LIC809, LIC809C, LIC809D, LIC9102TV, and appeal rights reviewed and discussed, then provided to Administrator, Tae Kim</p>

<p>NAME OF LICENSING PROGRAM MANAGER: Nedra Brown NAME OF LICENSING PROGRAM ANALYST: Lavette Farlow LICENSING PROGRAM ANALYST SIGNATURE:</p>	<p>DATE: 02/12/2026</p>
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<p>FACILITY REPRESENTATIVE SIGNATURE:</p>	<p>DATE: 02/12/2026</p>
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FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: RIALTO ASSISTED LIVING

FACILITY NUMBER: 361880660

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/12/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type A	Section Cited	CCR	87412(a)(11)
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Personnel Records

(a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information: (1) A health screening as specified in Section 87411, Personnel Requirements - General.

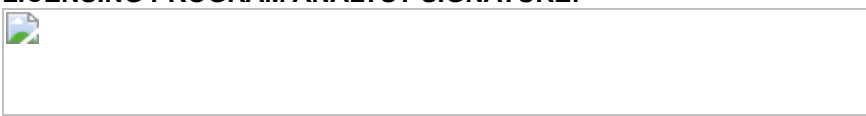
This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on observation and record review, the licensee did not comply with the section cited above in 2 out of 7 staff files by not ensuring each staff maintained a Health Screening Report in their Personnel file, LPA did observed a TB test results which poses an immediate health, safety or personal rights risk to persons in care.
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POC Due Date: 02/13/2026	
Plan of Correction	
1	Administrator agrees to review each staff file and ensure each file has a health screening and TB test result available for review. Administrator will review the regulation and complete a statement of understanding to LPA by POC due date.
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Section Cited

Deficient Practice Statement	
1	
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POC Due Date:	
Plan of Correction	
1	
2	
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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:	Lavette Farlow
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 02/12/2026

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
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DEFICIENCY INFORMATION FOR THIS PAGE:

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87303(e)(6)	
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Maintenance and Operation

(6) Toilet, handwashing and bathing facilities shall be maintained in operating condition. Additional equipment shall be provided in facilities accommodating physically handicapped and/or nonambulatory residents, based on the residents' needs.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on observation, the licensee did not comply with the section cited above by not ensuring the resident shower was not maintained as a storage for a wheelchair, covered toilet commode, and other assisted devices which poses a potential health, safety or personal rights risk to persons in care.
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POC Due Date: 02/19/2026	
Plan of Correction	
1	Administrator agrees to clear that area and make it free of storage and maintain it as a bathing space only. Administrator agree to secure a space in the residents room for assisted medical walking and hygiene devices. Administrator will review regulation, conduct a training, and complete a statement of understanding to LPA by POC due date.
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	Type B	Section Cited	CCR	87465(d)	
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Incidental Medical and Dental Care Services

(d) If the resident is unable to determine his/her own need for a prescription or nonprescription PRN medication, and is unable to communicate his/her symptoms clearly, facility staff designated by the licensee, shall be permitted to assist the resident with self-administration, provided all of the following requirements are met:

This requirement is not met as evidenced by:

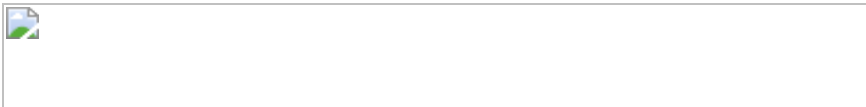
Deficient Practice Statement	
1	Based on observation, interview and record review, the Administrator did not comply with the section cited above in 2 out of 7 residents by not maintaining an accurate MARs log free of errors and missing a Med-Tech initial stating a medication had been dispensed and or a prescribed medication was not listed on the residents MARs which poses/posed a potential health, safety or personal rights risk to persons in care.
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POC Due Date: 02/26/2026	
Plan of Correction	
1	Administrator agrees to conduct an audit of the MARs and ensure the Med-Tech are initialing the documents and providing an explanation of missing signature or initials according to regulations.
2	
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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:	Nedra Brown
NAME OF LICENSING PROGRAM ANALYST:	Lavette Farlow
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/12/2026

LIC809 (FAS) - (06/04)

Page: 5 of 8

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Created By: Lavette Farlow On 02/12/2026 at 02:33 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
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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87463(h)	
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Reappraisals

(h) The licensee shall request that all residents receive an annual routine visit with a licensed medical professional once every twelve months, either in person or by video appointment.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on observation and record review, the licensee did not comply with the section cited above in 2 out of 7 residents. LPA observed 2 residents were missing a current Physician Report which poses a potential health, safety or personal rights risk to persons in care.
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POC Due Date: 03/12/2026	
Plan of Correction	
1	Administrator agrees to review all residents file and schedule or complete a Physician Report within the next 30 days. Administrator will review and complete a statement of understanding for the regulation cited above and submit to LPA by POC due date.
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	Type B	Section Cited	HSC	1569.695(e)(2)	
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Other Provisions

(e) A facility shall have all of the following information readily available to facility staff during an emergency:
(2) An appraisal of resident needs and services plan for each resident.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on record review, the licensee did not comply with the section cited above in 2 out of 7 residents by not ensuring the facility maintained a current Needs and Service Plan for each resident in care which poses a potential health, safety or personal rights risk to persons in care.
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POC Due Date: 02/26/2026	
Plan of Correction	
1	Administrator agrees to review each residents file to update and ensure a Needs and Service Plan is completed annually. Administrator will review the regulation and submit a statement of understanding to LPA 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.

NAME OF LICENSING PROGRAM MANAGER:	Nedra Brown
---	-------------

NAME OF LICENSING PROGRAM

Lavette Farlow

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/12/2026