

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 361880912  
Report Date: 03/09/2026  
Date Signed: 03/09/2026 01:07:51 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:	A & A CARE AND WELLNESS	FACILITY NUMBER:	361880912
ADMINISTRATOR/AKOPYAN, HELEN		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(818) 588-2894
ADDRESS:	16055 SEQUOIA STREET	ZIP CODE:	92345
CITY:	HESPERIA	STATE:	CA
CAPACITY:	6	CENSUS:	3
TYPE OF VISIT:	Required - 1 Year	DATE:	03/09/2026
		UNANNOUNCED TIME VISIT/INSPECTION	09:35 AM
		BEGAN:	
MET WITH:	Carla Alvarado	TIME VISIT/INSPECTION	01:15 PM
		COMPLETED:	

### NARRATIVE

1 Licensing Program Analyst (LPA) Magda Malcore made an unannounced visit to the facility. The  
2 purpose of the visit was to conduct a required comprehensive annual inspection. LPA met with Staff,  
3 Carla Alvarado, and was granted entry to the facility. The facility is a Residential Care Facility for the  
4 Elderly (RCFE) and a level 4i Inland Regional Center vendor. Licensed capacity is (6) current census  
5 (3). LPA conducted a general overall inspection, which included, but was not limited to, the following:  
6  
7 Physical Plant: The facility is operating in the capacity approved by Community Care Licensing Division  
8 (CCLD). There are no obstructions to indoor and outdoor passageways. Outdoor activity space is  
9 shaded and enclosed by a gate. The facility is maintained at a temperature of 74 degrees Fahrenheit  
10 (F). LPA inspected Resident bedrooms. Resident bedrooms were equipped with mattresses,  
11 nightstands, storage space, and lighting. LPA inspected Resident bathrooms. Bathroom equipment was  
12 operating appropriately and bathrooms were equipped with grab rails. The hot water in resident's  
13 bathroom measured 106 degrees (F). LPA observed Resident #1 (R1's) bathroom shower was not kept  
14 clean. Heavy soap residue was observed on shower walls and doors.  
15  
16 The facility is equipped with operating smoke/carbon monoxide alarms, fire extinguisher, hallway night  
17 light, covered fireplace, and laundry equipment. Posters such as personal rights, CCLD complaint  
18 poster, Ombudsman poster, activities, facility license/sketch, emergency telephone numbers were  
19 posted in a common area. Cleaning supplies, toxins, sharps, and other dangerous items were kept  
20 inaccessible to residents in care. There was a designated space for client/staff files.  
21  
22 Food Service: Kitchen and dining areas were maintained clean. Non-perishable and perishable food  
23 supply is sufficient for number of clients in care. Dishes, cups, and utensils were also stored properly.  
24 The facility maintains a menu for review.  
25

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons  
NAME OF LICENSING PROGRAM ANALYST: Magda Malcore

**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 03/09/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 03/09/2026**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.



# FACILITY EVALUATION REPORT (Cont)

**FACILITY NAME:** A & A CARE AND WELLNESS

**FACILITY NUMBER:** 361880912

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 03/09/2026

## DEFICIENCIES & PLANS OF CORRECTION (POCs)

	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87303(a)</b>	
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### Maintenance and Operation

(a) The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.



This requirement is not met as evidenced by:

<b>Deficient Practice Statement</b>	
1	Based on LPA observed, the licensee did not comply with the section cited above by heavy soap residue was observed on walls and doors in resident#1 (R1's) shower; which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
<b>POC Due Date:</b> 03/13/2026	
<b>Plan of Correction</b>	
1	The Licensee/Administrator shall provide photos of clean R1's shower to the Licensing Division by POC due date.
2	
3	
4	

		<b>Section Cited</b>			
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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.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Karen Clemons
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Magda Malcore
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 03/09/2026
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 03/09/2026

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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**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 03/09/2026

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

	<b>Type B</b>	<b>Section Cited</b>	<b>HSC</b>	<b>1569.626(a)(2)</b>	
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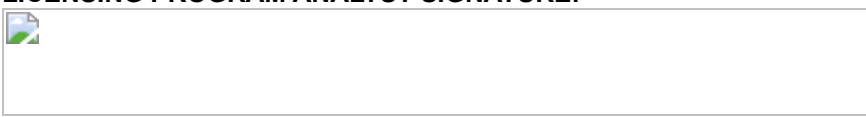
**Other Provisions**

(a) All residential care facilities for the elderly shall meet the following training requirements, as described in Section 1569.625, for all direct care staff: (2) Eight hours of in-service training per year on the subject of serving residents with dementia. This training shall be developed in consultation with individuals or organizations with specific expertise in dementia care or by an outside source with expertise in dementia care. In formulating and providing this training, reference may be made to written materials and literature on dementia and the care and treatment of persons with dementia. This training requirement may be satisfied in one day or over a period of time. This training requirement may be provided at the facility or offsite and may include a combination of observation and practical application.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1 2 3 4	Based on LPAs record review, the licensee did not comply with the section cited above by not maintaining documentation of staff#1 (S1), and staff#2 (S2) annual Dementia training on file for review; which poses/posed a potential health, safety or personal rights risk to persons in care.
	<b>POC Due Date:</b> 03/20/2026
	<b>Plan of Correction</b>
1 2 3 4	The Licensee/Administrator shall submit to the Licensing Division, documentation S1's and S2's in-service Dementia training 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.**

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<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Magda Malcore
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
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# FACILITY EVALUATION REPORT (Cont)

COMMUNITY CARE LICENSING DIVISION  
 , 1650 SPRUCE ST STE 200 MS29-27  
 RIVERSIDE, CA 92507

FACILITY NAME: A & A CARE AND WELLNESS

FACILITY NUMBER: 361880912

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/09/2026

## DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.69(b)	
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### Other Provisions

(b) Each employee who received training and passed the examination required in paragraph (5) of subdivision (a), and who continues to assist with the self-administration of medicines, shall also complete eight hours of in-service training on medication-related issues in each succeeding 12-month period.


This requirement is not met as evidenced by:

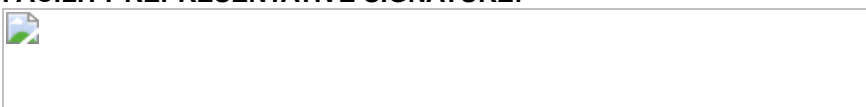
	<b>Deficient Practice Statement</b>
1	Based on LPA observations, the licensee did not comply with the section cited above by not maintaining documentation of staff#1 (S1's) annual medication management training on file for review;which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	<b>POC Due Date:</b> 03/20/2026
	<b>Plan of Correction</b>
1	The Licensee/Administrator shall submit to the Licensing Division, documentation of inservice medication management training for S1 by POC due date.
2	
3	
4	

		Section Cited			
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	<b>Deficient Practice Statement</b>
1	
2	
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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.

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<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Magda Malcore
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 03/09/2026

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