

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

Facility Number: 361881025  
Report Date: 03/13/2025  
Date Signed: 03/13/2025 02:28:37 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: ASPEN GROVE HOME CARE	FACILITY NUMBER: 361881025
ADMINISTRATOR/ENCIU, OLGA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 1220 N. DEARBORN STREET	TELEPHONE: (909) 810-1237
CITY: REDLANDS	STATE: CA
CAPACITY: 6	ZIP CODE: 92374
TYPE OF VISIT: Required - 1 Year	CENSUS: 5
	DATE: 03/13/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 12:45 PM
MET WITH: Administrator Olga Enciu	TIME VISIT/INSPECTION
	COMPLETED: 02:35 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Sarina Ramirez made an unannounced visit to the facility to conduct a
2	required annual inspection. LPA met with Administrator Olga Enciu, and discussed the purpose of the
3	visit.
4	
5	The facility is a Residential Care Facility for the Elderly (RCFE) with a license capacity of (6), a current
6	census of (5). LPA conducted an overall inspection of the facility, which included, but was not limited to,
7	the following:
8	
9	<b>Physical Plant/Environment:</b> Indoor and outdoor passageways are free of obstruction. The facility
10	does not have a swimming pool or similar bodies of water. The facility has sufficient lighting and is
11	maintained at a comfortable temperature. The facility has sufficient indoor and outdoor space for
12	resident activities. The facility is equipped with operating smoke detectors/carbon monoxide alarms,
13	working laundry equipment, and telephone service. Resident's showers, toilets, and hand washing areas
14	were operating properly. The hot water temperature in two (2) resident bathrooms measured between
15	105.8 and 115.5 degrees F. Four (4) resident's bedrooms had beds, bed linen, chairs, dresser, storage
16	space and sufficient lighting. The facility has sufficient linens, towels, and personal hygiene items for
17	residents. The facility has posted in a common area, facility license, facility sketch, personal rights,
18	CCLD complaint poster, and Ombudsman poster.
19	
20	<b>Food Service:</b> Facility kitchen and dining area are maintained clean. The facility has sufficient non-
21	perishable and perishable food supply for residents in care. Sharps and chemicals were kept locked and
22	inaccessible to residents in care.
23	
24	
25	

Continuation on LIC – 809C:

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons

NAME OF LICENSING PROGRAM ANALYST: Sarina Ramirez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/13/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/13/2025

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

**FACILITY EVALUATION REPORT (Cont)**

FACILITY NAME: ASPEN GROVE HOME CARE

FACILITY NUMBER: 361881025

VISIT DATE: 03/13/2025

**NARRATIVE**

- 1 **Care & Supervision:** Facility has 24-hour/7days a week care staff. Facility staff have current CPR/first
- 2 aid training.
- 3
- 4 **Medical Related Services:** Resident's medications are labeled and centrally stored in a locked cabinet.
- 5
- 6 **Record Review:** Three (3) Staff files reviewed were observed to be complete. Three (3) Resident files
- 7 reviewed were observed to be complete. Last emergency drill was conducted on 1/5/25.
- 8
- 9
- 10 Based on observations and record review no deficiencies were cited per Title 22, Division 6, of the
- 11 California Code of Regulations.
- 12
- 13 An exit interview was conducted, and a copy of this report was discussed and provided to Administrator
- 14 Olga Enciu.
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NAME OF LICENSING PROGRAM MANAGER: Karen Clemons

NAME OF LICENSING PROGRAM ANALYST: Sarina Ramirez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/13/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/13/2025