

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 361881025
Report Date: 04/07/2026
Date Signed: 04/07/2026 03:11:42 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:	ASPEN GROVE HOME CARE	FACILITY NUMBER:	361881025
ADMINISTRATOR/ENCIU, OLGA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(909) 810-1237
ADDRESS:	1220 N. DEARBORN STREET	ZIP CODE:	92374
CITY:	REDLANDS	STATE: CA	
CAPACITY: 6		CENSUS: 4	
TYPE OF VISIT:	Required - 1 Year	DATE:	04/07/2026
		UNANNOUNCED TIME VISIT/INSPECTION	01:05 PM
		BEGAN:	
MET WITH:	Administrtao Olga Enciu	TIME VISIT/INSPECTION	03:20 PM
		COMPLETED:	

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 (4). LPA conducted an overall inspection of the facility, which included, but was not limited to,
7	the following:
8	
9	Physical Plant/Environment: 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 one (1) resident bathroom measured at 107
15	degrees F. Four (4) resident's bedrooms had beds, bed linen, chairs, dresser, storage space and
16	sufficient lighting. The facility has sufficient linens, towels, and personal hygiene items for residents. The
17	facility has posted in a common area, facility license, facility sketch, personal rights, CCLD complaint
18	poster, and Ombudsman poster.
19	
20	
21	Food Service: Facility kitchen and dining area are maintained clean. The facility has sufficient non-
22	perishable and perishable food supply for residents in care. Sharps and chemicals were kept locked and
23	inaccessible to residents in care.
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: 04/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/07/2026

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

LIC809 (FAS) - (06/04)

California Health & Human Services Agency

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California Department of Social Services

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 III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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Created By: Sarina Ramirez On 04/07/2026 at 02:54 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
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: ASPEN GROVE HOME CARE	FACILITY NUMBER: 361881025
DEFICIENCY INFORMATION FOR THIS PAGE:	VISIT DATE: 04/07/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87465(c)(3)	
Incidental Medical and Dental Care Services					
(c) If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication, but can 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: (3) A record of each dose is maintained in the resident's record. The record shall include the date and time the PRN medication was taken, the dosage taken, and the resident's response.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on [(observation, interview, record review)], the licensee did not comply with the section cited above by not having a record of when PRN is taken which poses/posed a potential health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 04/21/2026				
	Plan of Correction				
1	Administrator agreed to create a record of when PRN is taken and provide proof to LPA by POC due date.				
2					
3					
4					
		Section Cited			
	Deficient Practice Statement				
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4					
	POC Due Date:				
	Plan of Correction				
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.

Karen Clemons

NAME OF LICENSING PROGRAM

MANAGER:

NAME OF LICENSING PROGRAM

Sarina Ramirez

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/07/2026

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
SAN BERNARDINO ASC, 1650 SPRUCE ST STE
200 MS29-27
RIVERSIDE, CA 92507

FACILITY NAME: ASPEN GROVE HOME CARE

FACILITY NUMBER: 361881025

VISIT DATE: 04/07/2026

NARRATIVE

1 **Care & Supervision:** Facility has 24-hour/7days a week care staff. Facility staff working are background
2 cleared and have current CPR/first aid training.
3
4 **Medical Related Services:** Resident's medications are labeled and centrally stored in a locked cabinet,
5 Four (4) residents medication were audited, no record of when PRN when medication was taken;
6 deficiency and technical issued.
7
8 **Record Review:** Two (2) Staff files reviewed were observed to be complete. Four (4) Resident files
9 reviewed were observed to be complete. Last emergency drill was conducted on 04/05/26.
10
11 Based on observations and record review one (1) deficiencies and one (1) technical was cited per Title
12 22, Division 6, of the California Code of Regulations.
13
14 An exit interview was conducted, and a copy of the licensing reports (LIC 809, LIC 809D, LIC 9102) and
15 appeal rights was discussed and provided to Administrator Olga Enciu at the conclusion of the visit.
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NAME OF LICENSING PROGRAM MANAGER: Karen Clemons

NAME OF LICENSING PROGRAM ANALYST: Sarina Ramirez

LICENSING PROGRAM ANALYST SIGNATURE:

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