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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 361881134
Report Date: 07/23/2026
Date Signed: 07/23/2026 05:42:56 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507

FACILITY NAME:	ALLARA SENIOR LIVING		FACILITY NUMBER:	361881134
ADMINISTRATOR/ DIRECTOR:	WEGNER, GRANT		FACILITY TYPE:	740
ADDRESS:	9417 19TH STREET		TELEPHONE:	(909) 736-1900
CITY:	RANCHO CUCAMONGA	STATE: CA	ZIP CODE:	91701
CAPACITY: 120		CENSUS: 109	DATE:	07/23/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:23 AM
MET WITH:	Jessica Padron, Director of Health and Wellness, and Roger Endert, Executive Director.		TIME VISIT/ INSPECTION COMPLETED:	03:45 PM

NARRATIVE

On 7/23/2026 Licensing Program Analyst (LPA) LaVette Farlow made an unannounced visit to the facility. The purpose of the visit was to conduct a required comprehensive annual inspection. LPA was greeted and granted entry by Concierge Darlene Seno. LPA was escorted to the private dining room to work. LPA later met with Facility Executive Director, Roger Endert and Director of Health and Wellness, Jessica Padron. The facility is a Residential Care Facility for Elderly (RCFE), Licensed capacity is (120) current census (109). LPA Farlow was accompanied by Jessica to conduct a general overall inspection, which included, but was not limited to, the following:

Physical Plant: The facility is operating in the capacity approved by Community Care Licensing (CCL). There are no obstructions to indoor and outdoor passageways. The facility is maintained at a comfortable temperature. LPA inspected residents bedrooms; they are equipped with required furniture such as: mattresses, night stands, storage space, and sufficient lighting; bathrooms were clean, and appliances were operating appropriately. LPA observed sufficient furniture and lighting throughout the facility. LPA measured and observed the water temperatures in the bathrooms, and showers. The water temperature in the shower tested at 118.9 degrees F. LPA was unable to get an accurate reading from the residents sink due to the sink having a motion sensor and the water did not run for a sufficient amount of time. **A Technical Advisory issued**. The facility is equipped with operating smoke detectors and carbon monoxide alarms. Posters such as personal rights, the CCL complaint poster, and the disaster plan were posted in a common area. Cleaning supplies, toxins, sharps, and other dangerous items were kept inaccessible to clients in care. There was a designated storage space for client/staff files. Medications are kept inside Med-Room inaccessible to residents. Overall, the facility is clean, in good repair, and operating in safe conditions for residents in care.

Food Service: Non-perishable and perishable food supply is sufficient for number of residents in care. LPA did observe a storage self with expired can good that needed to be destroyed and removed. The Director of Culinary Services advised LPA that those items are no longer in inventory and we are in the process of destroying them. The Director had the items removed immediately. **A Technical violation issued.** LPA conducted a tour of the Memory Care unit, during the tour LPA observed a knife on the

	counter on the side of the microwave and a pair of scissors in the kitchen drawer unsecured. Jessica immediately secured both items. **A Deficiency cited.** Care & Supervision: Facility has sufficient care staff for coverage 24 hours a day, 7 days a week. All staff members working in the facility have criminal record clearance through the department.

Nedra Brown
Lavette Farlow

DATE: 07/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/23/2026

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.

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: ALLARA SENIOR LIVING **FACILITY NUMBER:** 361881134

VISIT DATE: 07/23/2026

NARRATIVE

Record Review: LPA reviewed eleven (11) resident files for admission agreements, updated physician reports, TB test results and needs and services plans. LPA Farlow also reviewed eleven (11) staff files for First Aid/CPR certification, criminal record clearance, training, health screening and TB test results. Residents and staff files appeared to be maintained.

Medications were audited at random for several residents in care. LPA observed that one (1) residents centrally stored medication data did not match with the medication being dispensed. Also, LPA observed another resident bubble pack has a medication still remaining in the bubble pack that wasn't issued on the 21st of July, and there wasn't an explanation to explain why the resident did not receive the medication. **Deficiencies cited.**

Based on the observations made during today's visit, two (2) deficiencies, one (1) technical violation and one (1) technical advisory were cited per Title 22, Division 6, of the California Code of Regulations.

An exit interview was conducted, and this report LIC809, LIC809C, LIC809D, and appeal rights was discussed and provided to Roger Endert, Executive Director and Jessica Padron, Director of Health and Wellness.

NAME OF LICENSING PROGRAM MANAGER: Nedra Brown
NAME OF LICENSING PROGRAM ANALYST: Lavette Farlow
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 07/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/23/2026

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

FACILITY NAME: ALLARA SENIOR LIVING **FACILITY NUMBER:** 361881134
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/23/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87309(a)	

Storage Space and Access

(a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above by not ensuring all knives, and other dangerous items such as scissor were secured and locked away in the residents dining area which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 08/07/2026
	Plan of Correction
1 2 3 4	The Director of Health and Wellness immediately secured the items. The Executed Director agrees to conduct a training with all staff regarding the regulation cited above and submit a statement of understanding and training log of all staff being trained by POC due date.

	Type A	Section Cited	CCR	87465(h)(4)	

Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored: (4) All centrally stored medications shall be labeled and maintained in compliance with state and federal laws. No persons other than the dispensing pharmacist shall alter a prescription label.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, interview and record review, the licensee did not comply with the section cited by not ensuring that all resident medication are logged into the computer data and is being dispensed. The second concern is all residents medication is dispensed according to the doctor prescription and documentation for any reasons medication is missed. LPA observed medication still in the bubble pack and dispensed on the previous date and the day after which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 08/07/2026
	Plan of Correction
1 2 3 4	The Director of Health and Wellness and Executive Director agree to conduct a training on common medication errors and proper logging and documents with all staff and submit a training log with a statement of understanding of the regulation cited to LPA 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.

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

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/23/2026