

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 361881183

Report Date: 12/03/2024

Date Signed: 12/03/2024 03:45:15 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: MIRIAM'S HOMECARE	FACILITY NUMBER: 361881183
ADMINISTRATOR/GAD, ENRICO	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 1635 HAMPSHIRE RD	TELEPHONE: (818) 912-0178
CITY: SAN BERNARDINO	STATE: CA
CAPACITY: 6	ZIP CODE: 92404
TYPE OF VISIT: Required - 1 Year	CENSUS: 3
	DATE: 12/03/2024
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 01:25 PM
MET WITH: Licensee Miriam Nauseda	TIME VISIT/INSPECTION
	COMPLETED: 03:50 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Raquel Hernandez made an unannounced visit to the facility. The
2	purpose of the visit was to conduct a required comprehensive annual inspection. LPA met with Licensee
3	Miriam Nauseda and was granted entry to the facility. Licensed capacity is (6) current census (3). LPA
4	was accompanied by Licensee Miriam Nauseda to conduct a general overall inspection, which included,
5	but was not limited to, the following:
6	
7	<u>Physical Plant:</u> The facility is operating in the capacity approved by Community Care Licensing (CCL).
8	There are no obstructions to indoor and outdoor passageways. The facility is maintained at a
9	comfortable temperature. LPA inspected resident bedrooms; they are equipped with required furniture
10	such as: mattresses, night stands, storage space, and sufficient lighting; bathrooms were clean, and
11	appliances were operating appropriately. LPA observed sufficient furniture and lighting throughout the
12	facility. The facility is equipped with operating smoke detectors and carbon monoxide alarms. Posters
13	such as personal rights, the CCL complaint poster, and the disaster plan were posted in a common area.
14	Cleaning supplies, toxins, sharps, and other dangerous items were kept inaccessible to residents in
15	care. There was a designated office for resident/staff files. Overall, the facility is clean, in good repair,
16	and operating in safe conditions for residents in care.
17	
18	<u>Food Service:</u> Non-perishable and perishable food supply is sufficient for number of residents in care.
19	Facility has a variety of food available for residents. Dishes, cups, and utensils were also stored
20	properly.
21	
22	<u>Care & Supervision:</u> Facility has sufficient care staff for coverage 24 hours a day, 7 days a week.
23	
24	<u>Record Review:</u> LPA reviewed three (3) resident files for admission agreements, updated physician
25	reports, pre-placement appraisals and needs and services plans. LPA reviewed (3) resident medications
	and (2) hospice files. LPA observed Resident #1 (R1), Resident #2 (R2) and Resident #3 (R3)

medications to not be documented and response not recorded in Medical Administration Record (MAR) for PRN medication. Deficiency will be issued.

NAME OF LICENSING PROGRAM MANAGER: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Raquel Hernandez
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/03/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/03/2024

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

LIC809 (FAS) - (06/04)

Page: 1 of 3

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: MIRIAM'S HOMECARE

FACILITY NUMBER: 361881183

VISIT DATE: 12/03/2024

NARRATIVE

- 1 LPA also reviewed (3) staff files for First Aid/CPR certification, criminal record clearance, training's, and
- 2 health screenings. No issues were observed.
- 3
- 4 Based on the observations made during today's visit, one deficiency was cited per Title 22, Division 6, of
- 5 the California Code of Regulations. An exit interview was conducted, and this report (LIC809) was
- 6 discussed and provided to Licensee Miriam Nauseda
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NAME OF LICENSING PROGRAM MANAGER: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Raquel Hernandez
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 12/03/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/03/2024

LIC809 (FAS) - (06/04)

Page: 2 of 3

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Created By: Raquel Hernandez On 12/03/2024 at 03:26 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: MIRIAM'S HOMECARE

FACILITY NUMBER: 361881183

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/03/2024

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87465(d)(3)	
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87465 Incidental Medical and Dental 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... (3) The date and time the PRN medication was taken, the dosage taken, and the resident's response shall be documented and maintained in the resident's facility record.

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 by not ensuring Resident #1 (R1), Resident #2 (R2) and Resident #3 (R3) daily medications and PRN medications were documented and response recorded, which poses an immediate health, safety or personal rights risk to persons in care.
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4	
POC Due Date: 12/04/2024	
Plan of Correction	
1	Licensee stated to submit photo documentation of resident's medication being dated and response being recorded for PRN medication to LPA Hernandez by Plan of Correction (POC) due date.
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	Section Cited			
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Deficient Practice Statement	
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POC Due Date:	
Plan of Correction	
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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.

SUPERVISOR'S NAME:	Efren Malagon
LICENSING EVALUATOR NAME:	Raquel Hernandez
LICENSING EVALUATOR SIGNATURE:	
	DATE: 12/03/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/03/2024