

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 361881183

Report Date: 11/25/2025

Date Signed: 11/25/2025 03:27:25 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:		TELEPHONE:	(818) 912-0178
ADDRESS:	1635 HAMPSHIRE RD	STATE: CA	ZIP CODE: 92404
CITY:	SAN BERNARDINO	CENSUS: 5	DATE: 11/25/2025
CAPACITY: 6		UNANNOUNCED TIME VISIT/	
TYPE OF VISIT:	Required - 1 Year	INSPECTION	01:10 PM
		BEGAN:	
MET WITH:	Eric Gad	TIME VISIT/	
		INSPECTION	03:30 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analyst (LPA) Renese Howell-Small 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 and Eric Gad to conduct a general overall inspection,
5 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 (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 Food Service: 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 Care & Supervision: Facility has sufficient care staff for coverage 24 hours a day, 7 days a week.
23

24 Record Review: 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 hospice files. LPA observed Resident 2 (R2), Resident #2 (R2) did not have a signed Admission
Agreement. A deficiency will be issued.

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons

NAME OF LICENSING PROGRAM ANALYST: Renese Howell-Small

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/25/2025

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

LIC809 (FAS) - (09/23)

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Created By: Renese Howell-Small On 11/25/2025 at 03:14 PM
Link to Parent Document Below:

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
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FACILITY NAME: MIRIAM'S HOMECARE

FACILITY NUMBER: 361881183

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/25/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87507(d)	
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Admission Agreements

(d) The licensee shall retain in the resident's file the original signed and dated admission agreement and all subsequent signed and dated modifications. This does not apply to rate increases which have specific notification requirements as specified in Health and Safety Code section 1569.655.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on record review, the licensee did not comply with the section cited above by not ensuring the Admission Agreement for Resident 2 (R2) was signed, which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 12/05/2025
	Plan of Correction
1	Administrator will obtain the signature of R2's authorized representative and submit proof to LPA by Plan of Correction (POC) due date.
2	
3	
4	

		Section Cited			
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	Deficient Practice Statement
1	
2	
3	
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

Renese Howell-Small

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/25/2025

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: 11/25/2025

NARRATIVE

1 LPA also reviewed two (2) staff files for First Aid/CPR certification, criminal record clearance, training's,
 2 and 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, LIC809C,
 6 LIC809D and Appeal Rights were discussed and copies provided to Administrator Eric Gad.
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NAME OF LICENSING PROGRAM MANAGER: Karen Clemons

NAME OF LICENSING PROGRAM ANALYST: Renese Howell-Small

LICENSING PROGRAM ANALYST SIGNATURE:

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