

Department of  
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 361881193  
Report Date: 09/03/2026  
Date Signed: 09/03/2026 02:50:57 PM

COMPREHENSIVE INSPECTION

Document Has Been Signed on 09/03/2026 02:50 PM - It Cannot Be Edited

|                                                                       |             |                                                                                                                                                            |                |
|-----------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY                |             | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27<br>RIVERSIDE, CA 92507 |                |
| FACILITY EVALUATION REPORT                                            |             |                                                                                                                                                            |                |
| FACILITY NAME: CANYON VIEW CARE HOMES                                 |             | FACILITY NUMBER:                                                                                                                                           | 361881193      |
| ADMINISTRATOR/VERMANI, NITIN                                          |             | FACILITY TYPE:                                                                                                                                             | 740            |
| DIRECTOR:                                                             |             | TELEPHONE:                                                                                                                                                 | (909) 548-1769 |
| ADDRESS: 6369 VINEYARD AVE                                            | STATE: CA   | ZIP CODE:                                                                                                                                                  | 91701          |
| CITY: ALTA LOMA                                                       | CENSUS: 6   | DATE:                                                                                                                                                      | 09/03/2026     |
| CAPACITY: 6                                                           | UNANNOUNCED | TIME VISIT/                                                                                                                                                |                |
| TYPE OF VISIT: Required - 1 Year                                      |             | INSPECTION                                                                                                                                                 | 10:20 AM       |
|                                                                       |             | BEGAN:                                                                                                                                                     |                |
| MET WITH: Mercedes Ramos, Caregiver and Liwayway Dominden, Caregiver. |             | TIME VISIT/                                                                                                                                                |                |
|                                                                       |             | INSPECTION                                                                                                                                                 | 03:00 PM       |
|                                                                       |             | COMPLETED:                                                                                                                                                 |                |

| NARRATIVE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1         | 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 met with Caregiver Mercedes Ramos, and was greeted and granted entry to the facility. At the time of the visit there was two (2) staff present, and two (2) residents present. The current census is six (6), the other residents were attending InnovAge Day Program and appointments. The facility is a five (5) bedroom, three (3), bathroom home, one (1) staff quarters, a kitchen/dining area, living room, and attached garage. The facility is a Residential Care Facility for Elderly (RCFE) Licensed capacity is (6) current census (6). LPA was accompanied by Mercedes, to conduct a general overall inspection, which included, but was not limited to, the following:                                                                                                                                                                                                                                                                                                                                                                             |
| 2         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| 11        | <u>Physical Plant:</u> 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 of 75 degrees. LPA inspected resident 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 to be 109.6, 111.5, and 108.0 degrees F, which is within regulation. 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 resident/staff files. Medications are kept inside medicine closet inaccessible to residents. Overall, the facility is clean, in good repair, and operating in safe conditions for residents in care. |
| 12        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| 21        | <u>Food Service:</u> Non-perishable and perishable food supply is sufficient for number of residents in care. The facility maintains an emergency food supply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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**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: 09/03/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



DATE: 09/03/2026

**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.

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

FACILITY NAME: CANYON VIEW CARE HOMES

FACILITY NUMBER: 361881193

VISIT DATE: 09/03/2026

| NARRATIVE |                                                                                                            |
|-----------|------------------------------------------------------------------------------------------------------------|
| 1         | Record Review: LPA reviewed three (3) residents files for admission agreements, physician reports, and     |
| 2         | needs and services plans. LPA observed that two (2) out of three (3) residents physician report expired.   |
| 3         | The Administrator advised that the report was requested from InnovAge and they're waiting to receive       |
| 4         | the report. <b>A Technical Violation issued.</b> LPA also reviewed three (3) staff files for First Aid/CPR |
| 5         | certification, criminal record clearance, training, and TB test and health screenings. LPA observed that   |
| 6         | personnel files are maintained. Medications were audited at random for 3 out of 3 residents in care. LPA   |
| 7         | observed that there were several discrepancies. During the audit LPA found the MARs did not match the      |
| 8         | Centrally Store medication log. LPA observed medication was dispensed but the MARs was not initialed.      |
| 9         | LPA observed there was medication listed on the MARs but wasn't available to review. The facility need     |
| 10        | stated when a medication is discontinued, and remove the medication from the MARs and Centrally            |
| 11        | store log to match both records. <b>A Deficiency cited.</b>                                                |
| 12        |                                                                                                            |
| 13        | LPA review the facility files for the LIC9282, Infection Control plan, LIC610E, Emergency Disaster Plan,   |
| 14        | Fire Drill Log, Liability Insurance, etc. All files were available for review and maintained.              |
| 15        |                                                                                                            |
| 16        | Based on the observations made during today's visit, one deficiency was cited and one (1) technical        |
| 17        | violation were issued per Title 22, Division 6, of the California Code of Regulations.                     |
| 18        |                                                                                                            |
| 19        | An exit interview was conducted, and this report LIC809, LIC809C, LIC809D, LIC812 and appeal rights        |
| 20        | were discussed and provided to Caregiver Liwayway Dominden.                                                |
| 21        |                                                                                                            |
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|---------------------------------------------------------------------------------------------------------|------------------|
| NAME OF LICENSING PROGRAM MANAGER: Nedra Brown                                                          |                  |
| NAME OF LICENSING PROGRAM ANALYST: Lavette Farlow                                                       |                  |
| LICENSING PROGRAM ANALYST SIGNATURE:                                                                    | DATE: 09/03/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                  |
| FACILITY REPRESENTATIVE SIGNATURE:                                                                      | DATE: 09/03/2026 |

|                                                        |                                                                                                                                          |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>, 1650 SPRUCE ST STE 200 MS29-27<br>RIVERSIDE, CA 92507 |
| FACILITY EVALUATION REPORT (Cont)                      |                                                                                                                                          |

FACILITY NAME: CANYON VIEW CARE HOMES FACILITY NUMBER: 361881193  
DEFICIENCY INFORMATION FOR THIS PAGE: VISIT DATE: 09/03/2026

| Deficiency Type<br>POC Due Date /<br>Section Number         | DEFICIENCIES |                                                                                                                                                                                                                                                                                                                                                                                                                                      | PLAN OF CORRECTIONS(POCs) |                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type B<br>09/18/2026<br>Section Cited<br>CCR<br>87465(c)(3) | 1            | 87465(c).. resident's physician has stated in writing...resident is... to determine...nonprescription PRN medication...facility staff...shall be permitted to assist the resident with self-administration, (3) ...record of each dose is maintained...resident's record... shall include the date and time the ...medication was taken, the dosage taken, and the resident's response. This requirement is not met as evidenced by: | 1                         | Licensee agrees to review the regulation cited, conducted a training on medication error and procedures, complete a monthly centrally stored medication log, and review all residents file and update residents records by POC due date and submit to LPA. |
|                                                             | 2            |                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2                         |                                                                                                                                                                                                                                                            |
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|                                                             | 8            | Based on observation, interview, and record review, the licensee did not comply with the section cited above in 3 out of 3 residents in care by not ensuring the medication is logged properly, removing any discontinued medication, and initial any medication that is dispensed to residents in care, which poses an immediate health, safety or personal rights risk to residents in care.                                       | 8                         |                                                                                                                                                                                                                                                            |
|                                                             | 9            |                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9                         |                                                                                                                                                                                                                                                            |
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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.

|                                                                                   |                  |
|-----------------------------------------------------------------------------------|------------------|
| NAME OF LICENSING PROGRAM                                                         | Nedra Brown      |
| MANAGER:                                                                          |                  |
| NAME OF LICENSING PROGRAM                                                         | Lavette Farlow   |
| ANALYST:                                                                          |                  |
| LICENSING PROGRAM ANALYST SIGNATURE:                                              |                  |
|  | DATE: 09/03/2026 |

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 09/03/2026