

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 361881256  
**Report Date:** 03/19/2025  
**Date Signed:** 03/19/2025 02:35:11 PM

**Document Has Been Signed on 03/19/2025 02:35 PM - It Cannot Be Edited**

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

FACILITY NAME:	AGING GRACE SENIOR LIVING FACILITY LLC	FACILITY NUMBER:	361881256
ADMINISTRATOR/DIRECTOR:	MARTIN, BRITTANY	FACILITY TYPE:	740
ADDRESS:	11539 HAWTHORNE AVENUE	TELEPHONE:	(442) 316-3650
CITY:	HESPERIA	STATE:	CA
CAPACITY:	6	ZIP CODE:	92345
TYPE OF VISIT:	Required - 1 Year	CENSUS:	6
		DATE:	03/19/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	12:55 PM
MET WITH:	Brittany Martin	TIME VISIT/INSPECTION COMPLETED:	02:40 PM

NARRATIVE	
1	Licensing Program Analysts (LPAs) Magda Malcore and Eldin Serrano made an unannounced visit to
2	the facility to conduct a required comprehensive annual inspection. LPAs met with Jessica Berumen,
3	caregiver, were granted entry to the facility, and discussed the purpose for the visit. Administrator,
4	Brittany Martin, arrived shortly after to the facility. The facility is a Residential Care Facility for Elderly
5	(RCFE) with a license capacity of (6), and a current census of (6). LPAs conducted a general inspection
6	of facility, which included, but was not limited to, the following:
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8	<u>Operation/Physical Plant:</u> The facility is operating in the capacity approved by Community Care
9	Licensing Division (CCLD). Indoor and outdoor passageways were kept free of obstruction. The facility
10	has no swimming pools or similar bodies of water. The facility has sufficient indoor and outdoor space
11	for resident activities. The facility's outdoor activity space is enclosed with a self-latching gate. The
12	facility is maintained at a temperature of 77 degrees F. Resident bedrooms were furnished with beds,
13	bed linen, night stands, chairs, and sufficient lighting. Resident bathrooms were maintained clean,
14	fixtures were operating properly, and equipped with non-skid mats. The hot water temperatures in the
15	bathrooms measured at 116.2 degrees F. The facility is equipped with smoke detectors and carbon
16	monoxide alarms, two (2) fully charged fire extinguishers, laundry equipment, hallway night lights, and
17	telephone service. The facility has posted in a common area Community Care Licensing complaint
18	poster, Ombudsman poster, resident personal rights, activity schedule, menu, facility license, and
19	emergency telephone numbers. Sharps, cleaning supplies, and other chemicals were kept locked and
20	inaccessible to residents in care. The facility staff schedule reflects 24 hours a day, 7 days a week staff
21	coverage.
22	
23	<u>Food Service:</u> Kitchen and dining areas were maintained clean. Non-perishable and perishable food
24	supply was sufficient for number of residents in care. Cups, plates, and utensils were sufficient for
25	number of residents in care.

Health Related Services: The facility maintains record of resident's medications and medications were centrally stored in a locked medication room. The facility maintains a first aid kit with first aid manual.  
\*\*\*continued\*\*\*

**NAME OF LICENSING PROGRAM MANAGER:** Karen Clemons  
**NAME OF LICENSING PROGRAM ANALYST:** Magda Malcore  
**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/19/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/19/2025

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

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

## FACILITY EVALUATION REPORT (Cont)

**FACILITY NAME:** AGING GRACE SENIOR LIVING FACILITY  
LLC

**FACILITY NUMBER:** 361881256

**VISIT DATE:** 03/19/2025

### NARRATIVE

- 1 Record Review: Resident files reviewed had admissions agreements, physician's reports, appraisals,
- 2 needs and services plans. Staff files reviewed had First Aid/CPR certifications, criminal record
- 3 clearances, job training, and health screenings. The Administrator's certification, facility's insurance,
- 4 infection control plan, disaster and emergency plan are up-to-date.
- 5
- 6 No deficiencies were cited per Title 22, Division 6, of the California Code of Regulations.
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- 8 An exit interview was conducted where this report (LIC809) was discussed and a copy provided to
- 9 Administrator Martin, at the conclusion of the visit.
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**NAME OF LICENSING PROGRAM MANAGER:** Karen Clemons  
**NAME OF LICENSING PROGRAM ANALYST:** Magda Malcore  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 03/19/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/19/2025