

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 361881256

Report Date: 03/20/2026

Date Signed: 03/20/2026 03:24:21 PM

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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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	AGING GRACE SENIOR LIVING FACILITY LLC	FACILITY NUMBER:	361881256
ADMINISTRATOR/MARTIN, BRITTANY		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(442) 316-3650
ADDRESS:	11539 HAWTHORNE AVENUE	STATE: CA	ZIP CODE: 92345
CITY:	HESPERIA	CENSUS: 6	DATE: 03/20/2026
CAPACITY:	6	UNANNOUNCED TIME VISIT/	
TYPE OF VISIT:	Required - 1 Year	INSPECTION	10:35 AM
		BEGAN:	
MET WITH:	Jessica Berumen	TIME VISIT/	
		INSPECTION	03:30 PM
		COMPLETED:	

### NARRATIVE

1 Licensing Program Analyst (LPA) Magda Malcore made an unannounced visit to the facility to conduct a  
2 required comprehensive annual inspection. LPA met with Jessica Berumen, caregiver, were granted  
3 entry to the facility, and discussed the purpose for the visit. Administrator, Brittany Martin, arrived shortly  
4 after to the facility. The facility is a Residential Care Facility for Elderly (RCFE) with a license capacity of  
5 (6), and a current census of (6). LPA conducted a general inspection of facility, which included, but was  
6 not limited to, the following:  
7  
8 Operation/Physical Plant: 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 shaded and enclosed with latching gates.  
12 Resident bedrooms were furnished with beds, bed linen, night stands, chairs, and sufficient lighting.  
13 Resident bathrooms were maintained clean, fixtures were operating properly, and equipped with non-  
14 skid mats. The hot water temperatures in the bathrooms measured at 106 degrees F. The facility is  
15 equipped with smoke detectors and carbon monoxide alarms, emergency supplies/water, fully charged  
16 fire extinguishers, first aid kit with manual, laundry equipment, hallway night light, and telephone service.  
17 The facility has posted in a common area Community Care Licensing complaint poster, Ombudsman  
18 poster, resident personal rights, activity schedule, sample menu, facility license, and emergency  
19 telephone numbers. Sharps and cleaning supplies were kept locked.  
20  
21 Food Service: Kitchen and dining areas were maintained clean. Non-perishable and perishable food  
22 supply was sufficient for number of residents in care. Cups, plates, and utensils were sufficient for  
23 number of residents in care.  
24  
25

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons

NAME OF LICENSING PROGRAM ANALYST: Magda Malcore

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 03/20/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 03/20/2026

**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  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
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**FACILITY NAME:** AGING GRACE SENIOR LIVING FACILITY LLC

**FACILITY NUMBER:** 361881256

**VISIT DATE:** 03/20/2026

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p><u>Care and Supervision:</u> The facility staff schedule reflects 24 hours a day, 7 days a week staff coverage. Staff working have Criminal record clearances with the Department.</p> <p><u>Health Related Services:</u> Medications are centrally stored in a locked closet. LPA audited medications of four (4) residents. Review of Resident#1 (R1's) medications revealed that R1's did not have a refill of their prescribed over the counter daily medication. R1 had not been administered the medication since March 12, 2026. The Administrator stated that they will have staff pick-up R1's the medication today. File review reveals there was no documented of staff follow-up on the status of resident's medication. LPA also observed that 9 pills of Resident #2 (R2's) prescribed "one daily" medication had been dispensed since being refilled on March 14, 2026. Interviews with both the Administrator and staff reveal, that staff has been dispensing a new pill each time resident refused the medication. No documentation of resident medication refusal was observed.</p> <p><u>Record Review:</u> Resident files were reviewed for admissions agreements, physician's reports, appraisals, needs and services plans. Staff files were reviewed had First Aid/CPR certifications, criminal record clearances, job training, health screenings, Administrator certification. The facility maintains facility's insurance, infection control plan, disaster and emergency plan for review.</p> <p>During today's visit, deficiencies were cited in accordance with Title 22, Division 6, of the California Code of Regulations.</p> <p>An exit interview was conducted where reports (LIC809, LIC809C, LIC809D) were discussed and a copies provided with appeal rights to Caregiver Berumen.</p>

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Karen Clemons <b>NAME OF LICENSING PROGRAM ANALYST:</b> Magda Malcore <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 03/20/2026
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 03/20/2026
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**Created By: Magda Malcore On 03/20/2026 at 02:35 PM**

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:** AGING GRACE SENIOR LIVING FACILITY LLC  
**DEFICIENCY INFORMATION FOR THIS PAGE:**

**FACILITY NUMBER:** 361881256  
**VISIT DATE:** 03/20/2026

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87465(c)(2)</b>	
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**Incidental Medical and Dental Care Services**

(c) If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the resident with self-administration, provided all of the following requirements are met: (2) Once ordered by the physician the medication is given according to the physician's directions.

This requirement is not met as evidenced by:

**Deficient Practice Statement**

1 Based on LPA observations, the licensee did not comply with the section cited above by not  
 2 administering resident #1 (R1's) and resident#2 (R2's) medications as prescribed; which poses/posed a  
 3 potential health, safety or personal rights risk to persons in care.  
 4

**POC Due Date:** 04/10/2026

**Plan of Correction**

1 The Licensee/Administrator has agreed to retrain/conduct staff inservice medication management  
 2 training and provided proof of training to the Licensing Agency by POC due date.  
 3  
 4

		<b>Section Cited</b>			
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**Deficient Practice Statement**

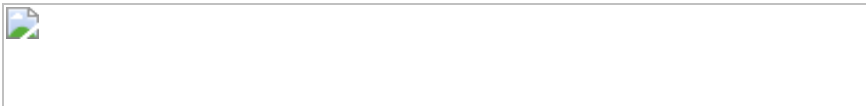
1  
 2  
 3  
 4

**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.**

**NAME OF LICENSING PROGRAM MANAGER:** Karen Clemons  
**NAME OF LICENSING PROGRAM ANALYST:** Magda Malcore  
**LICENSING PROGRAM ANALYST SIGNATURE:**  
 **DATE:** 03/20/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**  
 **DATE:** 03/20/2026

