

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 365530146  
Report Date: 11/19/2024  
Date Signed: 11/19/2024 02:14:59 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
<b>FACILITY EVALUATION REPORT</b>		COMMUNITY CARE LICENSING DIVISION	
		SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27	
		RIVERSIDE, CA 92507	
FACILITY NAME: CASSANDRA'S CARE HOME		FACILITY NUMBER:	365530146
ADMINISTRATOR/ELLISON, CASSANDRA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(909) 664-7137
ADDRESS: 10175 GOLDEN YARROW LANE	STATE: CA	ZIP CODE:	91701
CITY: RANCHO CUCAMONGA	CENSUS: 5	DATE:	11/19/2024
CAPACITY: 6	UNANNOUNCED TIME VISIT/	INSPECTION	09:38 AM
TYPE OF VISIT: Required - 1 Year	BEGAN:	TIME VISIT/	
MET WITH: Cassandra Ellison, Administrator and Yvette Hernandez, Manager	INSPECTION	COMPLETED:	02:20 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) LaVette Farlow arrived unannounced to conduct the required annual
2	visit to the facility. LPA met with Caregiver, Raquel Koemans, and introduced self and stated purpose of
3	the visit. LPA was informed that there are currently 5 residents in care in the home.
4	
5	The facility has 4 resident bedrooms, 1 staff room/ office, 2 bathrooms, kitchen, dining area, living room,
6	attached garage, and backyard. LPA completed a walk through of facility, review of records and
7	medication audit.
8	
9	<b>Physical Plant:</b> The facility is operating in the capacity approved by Community Care Licensing (CCL).
10	There are no obstructions to indoor and outdoor passageways. The facility is maintained at a
11	comfortable temperature of 72 degrees Fahrenheit. LPA inspected resident bedrooms; they are
12	equipped with required furniture such as: mattresses, night stands, storage space, chairs and sufficient
13	lighting. LPA inspected resident bathrooms; bathrooms were clean and appliances were found
14	functional. Water temperatures tested at 113.2 and 107.9 degrees Fahrenheit. The facility is equipped
15	with operational smoke detectors, carbon monoxide alarms, 1 fire extinguishers and emergency kit.
16	Posters such as; the personal rights, ombudsman and emergency disaster plans were posted in a
17	common area. LPA observed cleaning supplies, toxins, sharps, and other dangerous items locked in
18	cabinets made inaccessible to residents. There was a designated storage space for resident/staff files.
19	Medications were observed in a secured filing cabinet and inaccessible to residents. LPA observed that
20	2 out of 2 residents in care MARs were incomplete and medication was not properly signed as being
21	issued on the MARs log. Also, 1 resident in care medication was removed from it original container. Two
22	deficiencies were sited. There are no firearms, ammunition, swimming pool or bodies of water. Overall,
23	the facility is clean, in good repair, and operating in safe conditions for residents in care.
24	
25	<b>Food Service:</b> Non-perishable and perishable food supply is sufficient for number of residents in care.

Facility has a wide variety of food available for residents. Dishes, cups, and utensils were also stored properly.

**NAME OF LICENSING PROGRAM MANAGER:** Nedra Brown  
**NAME OF LICENSING PROGRAM ANALYST:** Lavette Farlow  
**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/19/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/19/2024

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 ASC, 1650 SPRUCE ST STE  
200 MS29-27  
RIVERSIDE, CA 92507

## FACILITY EVALUATION REPORT (Cont)

**FACILITY NAME:** CASSANDRA'S CARE HOME

**FACILITY NUMBER:** 365530146

**VISIT DATE:** 11/19/2024

### NARRATIVE

1 **Yards/Outside:** One shaded patio, a side gate with self-latching handle on the left side of the house that  
2 leads into the backyard. All outdoor pathways were free of obstructions.

3  
4 **Care & Supervision:** Facility has sufficient care staff for coverage 24 hours a day, 7 days a week. All  
5 staff members working in the facility have criminal record clearance through the department.  
6

7 **Record Review:** LPA reviewed resident files for admission agreements, updated physician reports, and  
8 needs and services plans. LPA also reviewed staff files for First Aid/CPR certifications, criminal record  
9 clearances, training's, and health screenings. LPA observed the Emergency Disaster Plan date 2024.  
10 LPA observed emergency drills conducted quarterly and on all shifts.  
11

12 Two deficiencies were issued and one technical advisory was cited during this visit. An exit interview  
13 was conducted where this report LIC809, LIC809C, LIC809D and LIC9102 were discussed and copies  
14 were provided to Manager Yvette Hernandez.  
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**NAME OF LICENSING PROGRAM MANAGER:** Nedra Brown  
**NAME OF LICENSING PROGRAM ANALYST:** Lavette Farlow  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 11/19/2024

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 11/19/2024
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LIC809 (FAS) - (06/04)

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**Created By: Lavette Farlow On 11/19/2024 at 01:08 PM**  
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	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:** CASSANDRA'S CARE HOME

**FACILITY NUMBER:** 365530146

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 11/19/2024

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

	Type A	Section Cited	CCR	87465(h)(5)	
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**Incidental Medical and Dental Care Services**

(h) The following requirements shall apply to medications which are centrally stored: (5) Each resident's medication shall be stored in its originally received container. No medications shall be transferred between containers.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on observation, record review, the licensee did not comply with the section cited above in 1 out of 1 total residents which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	<b>POC Due Date:</b> 11/22/2024
	<b>Plan of Correction</b>
1	Licensee/Administrator shall maintain medication in its original container at all times. Licensee will provide the original prescription bottle.
2	
3	
4	

	Type A	Section Cited	CCR	87465(c)(3)	
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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: (3) A record of each dose is maintained in the resident's record. The record shall include the date and time the PRN medication was taken, the dosage taken, and the resident's response.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on record review, the licensee did not comply with the section cited above in 2 out of 2 residents which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	<b>POC Due Date:</b> 12/19/2024
	<b>Plan of Correction</b>
1	Licensee/Administrator stated that she will maintain and complete a reviewed/updated resident MARs records in the facility and ensure all staff are properly trained on medication procedure.
2	
3	
4	
	Licensee/Administrator will submit a training log of such procedure and statement of understanding to LPA via email by POC due date.

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

<b>SUPERVISOR'S NAME:</b>	Nedra Brown
<b>LICENSING EVALUATOR NAME:</b>	Lavette Farlow

**LICENSING EVALUATOR SIGNATURE:**



**DATE:** 11/19/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/19/2024