

Department of  
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 365530191  
Report Date: 06/17/2026  
Date Signed: 06/17/2026 01:49:45 PM

Document Has Been Signed on 06/17/2026 01:49 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: ALL-LOVING SENIOR CARE                  |                          | FACILITY NUMBER:                                                                                                                                           | 365530191        |
| ADMINISTRATOR/RODRIGUEZ, IRMA A                        |                          | FACILITY TYPE:                                                                                                                                             | 740              |
| DIRECTOR:                                              |                          |                                                                                                                                                            |                  |
| ADDRESS:                                               | 1597 WEST MCWETHY STREET | TELEPHONE:                                                                                                                                                 | (909) 560-9456   |
| CITY:                                                  | RIALTO                   | STATE: CA                                                                                                                                                  | ZIP CODE: 92376  |
| CAPACITY: 6                                            |                          | CENSUS: 2                                                                                                                                                  | DATE: 06/17/2026 |
| TYPE OF VISIT: Required - 1 Year                       |                          | UNANNOUNCED TIME VISIT/INSPECTION                                                                                                                          | 08:43 AM         |
| MET WITH: Irma Rodriguez, Administrator                |                          | BEGAN: TIME VISIT/INSPECTION                                                                                                                               | 02:00 PM         |
|                                                        |                          | COMPLETED:                                                                                                                                                 |                  |

| NARRATIVE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1         | On 6/17/2026 at 8:43 AM, Licensing Program Analyst (LPA) LaVette Farlow arrived unannounced to conduct the required annual comprehensive inspection of the facility. LPA were greeted and granted access into the facility by Caregiver, Maria Sandoval and introduced self and stated purpose of the visit. LPA asked Maria to informed the Administrator Irma Rodriguez of LPA's arrival. LPA greeted and met with Irma and explained the purpose of the visit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 2         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7         | The facility has 3 bedrooms, 1 staff bedroom, 1 office, 3 bathrooms, kitchen, dining area, family room, laundry area in the hallway, attached garage, and backyard. LPA completed a walk through of facility, review of records, and conducted a random audit of the medication.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 8         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 9         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 10        | <b>Physical Plant:</b> 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 74 degrees Fahrenheit. LPA inspected client bedrooms; they are equipped with required furniture such as: mattresses, night stands, storage space, and sufficient lighting. LPA inspected client bathrooms; bathrooms were clean and appliances were found functional. During the inspection of the front bathroom LPA observed a container of Ajax under the front bathroom sink. LPA advised administrator to secure the items. <b>A Technical Violation issued.</b> LPA observed that facility has a sufficient supply of hygiene items for residents in care. Water temperatures tested at 116.2, 116.3 and 115.1 degrees Fahrenheit. The facility is equipped with operational smoke detectors, carbon monoxide alarms and charged fire extinguisher. LPA observed poster on display for personal rights, and disaster plans were posted in a common area. Cleaning supplies, toxins, sharps, and other dangerous items were kept in secure cabinets, inaccessible to clients. There was a designated storage space for client/staff files. Medications and first aid kit were in secure cabinets and inaccessible to clients. There are no firearms or ammunition in the facility. Overall, the facility is clean, in good repair, and operating in safe conditions. |
| 11        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 12        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 13        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 14        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 16        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 17        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 20        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 21        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 22        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 23        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 24        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 25        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

**Food Service:** LPA observed that the facility has a sufficient supply of perishable and non-perishable items. The facility has sufficient supply of 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:** 06/17/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 06/17/2026

**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<br>COMMUNITY CARE LICENSING DIVISION<br>SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27<br>RIVERSIDE, CA 92507 |
| FACILITY EVALUATION REPORT (Cont)                      |                                                                                                                                                            |

FACILITY NAME: ALL-LOVING SENIOR CARE FACILITY NUMBER: 365530191  
VISIT DATE: 06/17/2026

| NARRATIVE |                                                                                                                  |
|-----------|------------------------------------------------------------------------------------------------------------------|
| 1         | <b>Yards/Outside:</b> LPA observed one shaded patio, a side gate with self-latching handle on the right side     |
| 2         | of the house that leads into the backyard. All outdoor pathways were free of obstructions.                       |
| 3         |                                                                                                                  |
| 4         | <b>Record Review:</b> LPA reviewed Administrator and 1 staff files for First Aid/CPR certification, criminal     |
| 5         | record clearance, training, health screenings and TB test. The personnel file appeared to maintained.            |
| 6         | LPA reviewed 2 residents files for admissions agreements, pre-admissions appraisals, physician's                 |
| 7         | reports, needs and service plan. LPA observed 2 out of 2 clients were missing needs and service plan,            |
| 8         | and or a current physicians report. <b>Technical Violations issued.</b> LPA conducted a random audit of 2        |
| 9         | out of 2 residents medication and centrally stored medication log. During the review LPA observed that 1         |
| 10        | out of 2 residents were missing the centrally stored medication log and medication that was stored was           |
| 11        | missing on the log. LPA also, observed the resident MARs for PRN and prescription medication and                 |
| 12        | observed for 2 out of 2 residents in care MARs was missing the initial stating the medication was issued,        |
| 13        | PM medication was already initial and haven't been dispensed, and if the resident receives an AM,                |
| 14        | NOON, and PM dose the initial appeared once or only twice. There was not an initial for each dose                |
| 15        | given or an explanation for the missing initial. <b>Deficiencies Cited.</b>                                      |
| 16        |                                                                                                                  |
| 17        | LPA reviewed Facility folder for Infection Control Plan, Emergency Disaster Plan, Liability Insurance,           |
| 18        | Fire Drills, Poster, and other pertinent documents. LPA observed the Infection Control Plan and the              |
| 19        | Emergency Disaster plan have not been reviewed and updated since 9/9/2023. <b>Technical Violations</b>           |
| 20        | <b>issued.</b>                                                                                                   |
| 21        |                                                                                                                  |
| 22        | During today's visit two (2) deficiencies and five (5) technical violation were cited during this visit. An exit |
| 23        | interview was conducted where this report LIC809, LIC809C, LIC809D, LIC9102TV and Appeals Rights                 |
| 24        | were discussed and copies were provided to Administrator, Irma Rodriguez.                                        |
| 25        |                                                                                                                  |
| 26        |                                                                                                                  |
| 27        |                                                                                                                  |
| 28        |                                                                                                                  |
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| 30        |                                                                                                                  |
| 31        |                                                                                                                  |
| 32        |                                                                                                                  |

|                                                                                                         |                  |
|---------------------------------------------------------------------------------------------------------|------------------|
| NAME OF LICENSING PROGRAM MANAGER: Nedra Brown                                                          |                  |
| NAME OF LICENSING PROGRAM ANALYST: Lavette Farlow                                                       |                  |
| LICENSING PROGRAM ANALYST SIGNATURE:                                                                    | DATE: 06/17/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                  |
| FACILITY REPRESENTATIVE SIGNATURE:                                                                      | DATE: 06/17/2026 |

|                                                        |                                                                                                                                          |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| 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: ALL-LOVING SENIOR CARE

FACILITY NUMBER: 365530191

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/17/2026

| DEFICIENCIES & PLANS OF CORRECTION (POCs) |        |               |     |             |  |
|-------------------------------------------|--------|---------------|-----|-------------|--|
|                                           | Type A | Section Cited | CCR | 87465(c)(3) |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | Deficient Practice Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 1 | Based on observation, interview, and record review, the licensee did not comply with the section cited above in 2 out of 2 residents in care by not ensuring, the MARS was initial stating the medication was issued, PM medication was already initial and haven't been dispensed, and if the resident receives an AM, NOON, and PM dose the initial appeared once or only twice. There was not an initial for each dose given or an explanation for the missing initial which poses an immediate health, safety or personal rights risk to persons in care. |
| 2 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 4 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|   | POC Due Date: 06/18/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|   | Plan of Correction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 1 | Administrator agrees to conduct a training with all staff regarding common medication errors and how to avoid such errors. Administrator will submit a statement of understanding acknowledging understanding of the regulation cited and proof of training to LPA by POC due date. Training is due July 8, 2026. The statement of understanding is due by 6/18/2026.                                                                                                                                                                                         |
| 2 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 4 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

|  |  |               |  |  |  |
|--|--|---------------|--|--|--|
|  |  | Section Cited |  |  |  |
|--|--|---------------|--|--|--|

|   |                              |
|---|------------------------------|
|   | Deficient Practice Statement |
| 1 |                              |
| 2 |                              |
| 3 |                              |
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|   | 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                                                         | Nedra Brown      |
| MANAGER:                                                                          |                  |
| NAME OF LICENSING PROGRAM                                                         | Lavette Farlow   |
| ANALYST:                                                                          |                  |
| LICENSING PROGRAM ANALYST SIGNATURE:                                              |                  |
|  | DATE: 06/17/2026 |

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/17/2026

Created By: Lavette Farlow On 06/17/2026 at 12:02 PM  
Link to Parent Document Below:

|                                                        |                                                                                                                                          |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| 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: ALL-LOVING SENIOR CARE

FACILITY NUMBER: 365530191

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/17/2026

| DEFICIENCIES & PLANS OF CORRECTION (POCs)                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |     |             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----|-------------|--|
|                                                                                                                                                                       | Type B                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Section Cited | CCR | 87465(a)(6) |  |
| Incidental Medical and Dental Care Services                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |     |             |  |
| (6) When requested by the prescribing physician or the Department, a record of dosages of medications which are centrally stored shall be maintained by the facility. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |     |             |  |
| This requirement is not met as evidenced by:                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |     |             |  |
|                                                                                                                                                                       | Deficient Practice Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |     |             |  |
| 1                                                                                                                                                                     | Based on observation, interview, and record review, the licensee did not comply with the section cited above in 1 out of 2 residents was missing the centrally stored medication log and medication that was stored was missing on the log which poses a potential health, safety or personal rights risk to persons in care.                                                                                                                                                        |               |     |             |  |
| 2                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |     |             |  |
| 3                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |     |             |  |
| 4                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |     |             |  |
|                                                                                                                                                                       | POC Due Date: 07/01/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |     |             |  |
|                                                                                                                                                                       | Plan of Correction                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |     |             |  |
| 1                                                                                                                                                                     | Administrator agrees to update the Centrally Store log and MARS to ensure the match and all medication stored is accounted for. Administrator will review, acknowledge and submit a statement of understanding for the regulation cited. Administrator will complete a training for all staff regarding the proper procedure on medication storage, centrally stored medication log, and maintaining the ledger. Administrator will submit proof of training to LPA by POC due date. |               |     |             |  |
| 2                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |     |             |  |
| 3                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |     |             |  |
| 4                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |     |             |  |
|                                                                                                                                                                       | Section Cited                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |     |             |  |

|   |                              |  |  |  |  |
|---|------------------------------|--|--|--|--|
|   | Deficient Practice Statement |  |  |  |  |
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| 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: | Nedra Brown    |
| NAME OF LICENSING PROGRAM ANALYST: | Lavette Farlow |

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 06/17/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 06/17/2026