

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 365530213
Report Date: 09/20/2024
Date Signed: 09/20/2024 03:57:08 PM

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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	

FACILITY NAME: VILLAS AT SAN BERNARDINO	FACILITY NUMBER: 365530213
ADMINISTRATOR/CARLTON, KENYA	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 2985 N G STREET	TELEPHONE: (323) 475-1800
CITY: SAN BERNARDINO	STATE: CA
CAPACITY: 144	ZIP CODE: 92405
TYPE OF VISIT: Prelicensing	CENSUS: 92
	ANNOUNCED
	DATE: 09/20/2024
	TIME VISIT/INSPECTION: 09:20 AM
	BEGAN:
MET WITH: Kenys Carlton, Administrator	TIME VISIT/INSPECTION: 04:00 PM
	COMPLETED:

NARRATIVE	
1	On 09/20/2024 a 9:20AM, Licensing Program Analysts (LPAs) Renese Howell-Small and Melody Brown
2	conducted an announced visit to the facility for the purpose of a Change of Ownership evaluation. LPAs
3	Howell-Small and Brown met with Administrator Kenya Carlton. An initial application for change of
4	ownership to operate a Residential Care for the Elderly facility (RCFE) was submitted to the Central
5	Applications Bureau (CAB) on 01/04/2024 for a total capacity of one hundred forty-four (144) . Fire
6	clearance was granted on 05/16/2024 for 114 non-ambulatory and 30 bedridden residents, with a total
7	capacity of 144. LPAs Howell-Small and Brown observed the following:
8	
9	Structure:
10	Facility was a two-level with seventy-nine (79) resident bedrooms, seventy-nine (79) resident bathrooms
11	and four (4) staff bathrooms, living room, dining area and kitchen. There was no attached car garage but
12	have a parking lot on the south side of the facility.
13	Heating/Cooling System:
14	Central heating and air conditioning system installed with a central panel located in the hallway to
15	control the entire facility.
16	
17	Bedrooms:
18	Each resident bedrooms accommodate any non-ambulatory resident. All resident bedrooms were
19	adequately furnished with bed, chair, closet, appropriate linens, adequate lighting, and an operable
20	smoke alarm.
21	Bathrooms:
22	The seventy-nine (79) resident bathrooms have a working toilet, wash basin, and shower with an
23	adequate supply of toilet paper and soap. At 10:30 AM, LPAs tested the water temperatures in the
24	resident bathrooms. LPAs verified water temperature was measured at 116 degrees Fahrenheit.
25	
	CONTINUED ON LIC 809C

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Renese Howell-Small
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/20/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/20/2024

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: VILLAS AT SAN BERNARDINO

FACILITY NUMBER: 365530213

VISIT DATE: 09/20/2024

NARRATIVE

- 1 ***CONTINUED FROM LIC 809***
- 2 **Kitchen/Laundry:**
- 3 An adequate supply of dishes, glasses, utensils, pots, and pans were observed. Knives/sharp
- 4 instruments were secured in a locked drawer located in the kitchen. There was adequate room for food
- 5 storage. LPAs observed the stove to be operational. Refrigerator/freezer were in working condition.
- 6 There is more than seven (7) days' supply of non-perishable foods and more than two (2) days' supply
- 7 of perishable foods. There was adequate seating for meals for all residents. Laundry room with washer
- 8 and dryer on both levels of the facility. Laundry detergents and cleaning supplies are stored in the
- 9 chemical storage room.
- 10 **Living/Family room:**
- 11 There was a living/family room with adequate seating for all residents and a working TV.
- 12 **Linens and Hygiene Supplies:**
- 13 An adequate supply of linens was stored in a cabinet in the main hallway of the facility.
- 14 **Yards/Outside:**
- 15 Patio furniture for outdoor seating observed. Gates on both side of the facility. All outdoor pathways
- 16 were free of obstructions.
- 17 **Emergency Phone Numbers, and Exit Plan:**
- 18 Facility sketch were observed posted in the dining room and hallways. There was an Ombudsman
- 19 poster and Let-Us-No poster and Personal Rights observed.
- 20 **General items:**
- 21 Nineteen(19) fire extinguishers were charged and located throughout the facility. Smoke alarms and
- 22 carbon monoxide detectors were tested and were observed to be in working order. Resident records
- 23 were stored in a locked cabinet in the office room. First Aid kit with required components, and locked
- 24 area for medication storage was observed. LPAs observed a facility phone and was operational as
- 25 evidenced by LPAs dialing the number. The phone number designated for the facility is (909) 883-7703.
- 26 There is enough Emergency water supply observed and the required 72-hour emergency food supply
- 27 was observed from the regular food supply. Component III was completed on this day as well.
- 28
- 29
- 30
- 31
- 32

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Renese Howell-Small
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/19/2024

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 09/20/2024

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
FACILITY EVALUATION REPORT (Cont)

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

FACILITY NAME: VILLAS AT SAN BERNARDINO

FACILITY NUMBER: 365530213

VISIT DATE: 09/20/2024

NARRATIVE

1 ***CONTINUED FROM LIC 809C**
2
3 Additionally, LPAs observed facility to have required single entry point upon entering the facility. LPAs
4 observed activities for the residents such as books and games.
5
6 The facility was evaluated in accordance with the CCR, Title 22, Division 6, Chapters 1 and 6 to ensure
7 the health and safety of residents in care. Facility appears to be ready for licensure.
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9 An exit interview was conducted, and a copy of this report, LIC809 and LIC9102 were reviewed and
10 provided to Administrator Kenya Carlton.
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NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Renese Howell-Small
LICENSING PROGRAM ANALYST SIGNATURE: **DATE:** 09/20/2024

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 09/20/2024