

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 365530221
Report Date: 11/15/2024
Date Signed: 11/15/2024 12:03:05 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:	LOMA LINDA ASSISTED LIVING	FACILITY NUMBER:	365530221
ADMINISTRATOR/SANCHEZ, ELLEEN		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(909) 799-3117
ADDRESS:	25393 COLE ST	ZIP CODE:	92354
CITY:	LOMA LINDA	STATE: CA	
CAPACITY: 64		CENSUS: 55	DATE: 11/15/2024
TYPE OF VISIT: Prelicensing		UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 10:35 AM
MET WITH: Administrator Eileen Sanchez		TIME VISIT/INSPECTION	COMPLETED: 12:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Sarina Ramirez conducted an announced visit to the facility for the
2	purpose of a Change of Ownership evaluation. LPA met with Administrator Eileen Sanchez. An initial
3	application for change of ownership to operate a Residential Care for the Elderly facility (RCFE) was
4	submitted to the Centralized Applications Bureau (CAB) on 02/09/2024 for a total capacity of sixty-four
5	(64) residents. Fire clearance was granted on 04/04/2024. LPA observed the following:
6	
7	Eight (8) bedrooms and seven (7) bathrooms were inspected. There are no bodies of water. The
8	physical plant, in general, was in good repair. Buildings and grounds are free from hazards. Indoor and
9	outdoor passageways were free of obstruction. There is a charged fire extinguisher, operating smoke
10	alarms, and carbon monoxide detectors. There is a locked area for medications, cleaning supplies, and
11	sharps. LPA observed a working telephone and basic laundry equipment. Resident bedrooms had the
12	required bedding and furniture. Bedrooms had sufficient lighting. LPA measured the hot water
13	temperature in the resident bathrooms, and it ranged from 105 to 111 degrees F. The facility had a
14	sufficient amount of linen and hygiene items for the residents. The facility had a sufficient amount of
15	nonperishable and perishable food items. The food was kept in a safe and healthful manner. The facility
16	menu was available for review. Dishes, glasses, and utensils were in good condition. The facility had a
17	designated area for staff and resident records. Emergency disaster plan, emergency telephone
18	numbers, personal rights, monthly activities, and complaint posters were posted in a common area. The
19	facility was equipped with a complete first aid kit. There is adequate seating in the common areas.
20	Facility had a supply of activities for the residents. Night lights were maintained in the hallways.
21	
22	Pre-licensing inspection is complete, and no corrections are needed to be made. Facility appears to be
23	ready for licensure. An exit interview was conducted where this report was discussed and provided to
24	the Applicant Eileen Sanchez.
25	

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons

NAME OF LICENSING PROGRAM ANALYST: Sarina Ramirez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/15/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/15/2024

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