

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 365530221  
Report Date: 11/26/2025  
Date Signed: 11/26/2025 12:15:49 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
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FACILITY NAME:	LOMA LINDA ASSISTED LIVING	FACILITY NUMBER:	365530221
ADMINISTRATOR/SANCHEZ, ELLEEN DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	25393 COLE ST	TELEPHONE:	(909) 799-3117
CITY:	LOMA LINDA	STATE: CA	ZIP CODE: 92354
CAPACITY:	64	CENSUS: 51	DATE: 11/26/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	08:20 AM
MET WITH:	Wellness Director Mayra Alfaro	BEGAN: TIME VISIT/ INSPECTION	12:30 PM
		COMPLETED:	

### NARRATIVE

1 Licensing Program Analysts (LPAs) Sarina Ramirez and Eldin Serrano made an unannounced visit to  
2 the facility to conduct a required annual inspection. LPAs met with Wellness Director Mayra Alfaro, and  
3 discussed the purpose of the visit.  
4  
5 The facility is a Residential Care Facility for the Elderly (RCFE) with a license capacity of (60), a current  
6 census of (51). LPAs conducted an overall inspection of the facility, which included, but was not limited  
7 to, the following:  
8  
9 **Physical Plant/Environment:** Indoor and outdoor passageways are free of obstruction. The facility  
10 does not have a swimming pool or similar bodies of water. The facility has sufficient lighting and is  
11 maintained at a comfortable temperature. The facility has sufficient indoor and outdoor space for  
12 resident activities. The facility is equipped with operating smoke detectors/carbon monoxide alarms,  
13 working laundry equipment, and telephone service. Resident's showers, toilets, and hand washing areas  
14 were operating properly. The hot water temperature in two (2) resident bathrooms measured between  
15 106 and 108 degrees F. Six (6) resident's bedrooms had beds, bed linen, chairs, dresser, storage space  
16 and sufficient lighting. The facility has sufficient linens, towels, and personal hygiene items for residents.  
17 The facility has posted in a common area, facility license, administrator certificate, facility sketch,  
18 personal rights, resident counsel, theft and loss, emergency disaster plan and telephone numbers,  
19 CCLD complaint poster, and Ombudsman poster.  
20  
21 **Food Service:** Facility kitchen and dining area are maintained clean. The facility has sufficient non-  
22 perishable and perishable food supply for residents in care. Sharps and chemicals were kept locked and  
23 inaccessible to residents in care, however technical violation issued.  
24  
25

Continuation on LIC – 809C:

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/26/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/26/2025

**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

**AGENCY REVIEW** The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

**EMAIL REQUIREMENT** Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
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**FACILITY NAME:** LOMA LINDA ASSISTED LIVING

**FACILITY NUMBER:** 365530221

**VISIT DATE:** 11/26/2025

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p><b>Care &amp; Supervision:</b> Facility has 24-hour/7 days a week care staff. Facility staff have current CPR/first aid training.</p> <p><b>Medical Related Services:</b> Resident's medications are labeled and centrally stored in a locked cabinet.</p> <p><b>Record Review:</b> Six (6) Staff files reviewed were observed to be incomplete, five (5) staff were not associated to the facility through Guardian; two (2) staff had missing TB results; citation issued. Six (6) Resident files reviewed were observed to be complete.</p> <p>Based on observations and record review deficiencies and technical violations were cited per Title 22, Division 6, of the California Code of Regulations.</p> <p>An exit interview was conducted, and this report along with LIC 902, LIC 809D, Appeal Rights were discussed and provided to Wellness Director Mayra Alfaro.</p>

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Karen Clemons <b>NAME OF LICENSING PROGRAM ANALYST:</b> Sarina Ramirez <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 11/26/2025
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 11/26/2025
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

# FACILITY EVALUATION REPORT (Cont)

**FACILITY NAME:** LOMA LINDA ASSISTED LIVING

**FACILITY NUMBER:** 365530221

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 11/26/2025

## DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type A	Section Cited	CCR	87412(a)(11)
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### Personnel Records

(a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information: (1) A health screening as specified in Section 87411, Personnel Requirements - General.

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  
2 above by not having a health screening for S4, TB results for S2,3,4 which poses an immediate health,  
3 safety or personal rights risk to persons in care.  
4

**POC Due Date:** 12/05/2025

#### Plan of Correction

1 Wellness Director provided proof of TB results S3,4,5.  
2  
3  
4

Type A	Section Cited	HSC	1569.695(a)(2)
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### Other Provisions

(a) In addition to any other requirement of this chapter, a residential care facility for the elderly shall have an emergency and disaster plan that shall include, but not be limited to, all of the following: (2) Plans for the facility to be self-reliant for a period of not less than 72 hours immediately following any emergency or disaster, including, but not limited to, a short-term or long-term power failure. If the facility plans to shelter in place and one or more utilities, including water, sewer, gas, or electricity, is not available, the facility shall have a plan and supplies available to provide alternative resources during an outage.

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  
2 above by not having enough emergency food to last 72 hours which poses an immediate health, safety  
3 or personal rights risk to persons in care.  
4

**POC Due Date:** 12/05/2025

#### Plan of Correction

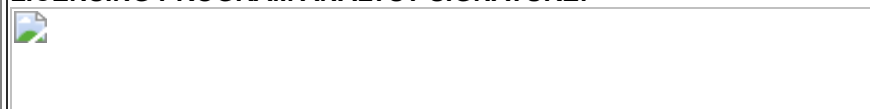
1 Dietary Manager has agreed to purchase emergency food to accomodate 72 hours and provide proof to  
2 LPA by POC due date.  
3  
4

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

**NAME OF LICENSING PROGRAM MANAGER:** Karen Clemons

**NAME OF LICENSING PROGRAM ANALYST:** Sarina Ramirez

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/26/2025

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

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**Created By: Sarina Ramirez On 11/26/2025 at 11:42 AM**  
**Link to Parent Document Below:**

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

Type B	Section Cited	CCR	87355(e)(4)
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**Criminal Record Clearance**

(e) All individuals subject to a criminal record review pursuant to Health and Safety Code Section 1569.17(b) shall prior to working, residing or volunteering in a licensed facility: (4) Request and be approved for a transfer of a criminal record exemption, as specified in Section 87356(r), unless, upon request for a transfer, the Department permits the individual to be employed, reside or be present at the facility.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on observation, interview, and record review, the licensee did not comply with the section cited above by not having S2,3,4,5,6 associated to the facility through Guardian which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	<b>POC Due Date:</b> 12/05/2025
	<b>Plan of Correction</b>
1	Wellness Director submitted documentation to CCLD to associate staff through Guardian, Executive Director has agreed to ensure all staff is associated to the facility through Guardian.
2	
3	
4	

Section Cited
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	<b>Deficient Practice Statement</b>
1	
2	
3	
4	
	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
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.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Karen Clemons
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Sarina Ramirez

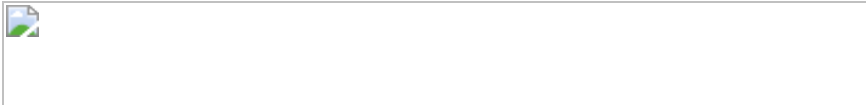
**LICENSING PROGRAM ANALYST SIGNATURE:**



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**DATE:** 11/26/2025