

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 365530261
Report Date: 09/22/2025
Date Signed: 09/22/2025 03:10:48 PM

Document Has Been Signed on 09/22/2025 03:10 PM - It Cannot Be Edited

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:	SIERRA VISTA	FACILITY NUMBER:	365530261
ADMINISTRATOR/MEJIA, KIMBERLY DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	13815 RODEO DRIVE	TELEPHONE:	(760) 243-2271
CITY:	VICTORVILLE	STATE: CA	ZIP CODE: 92395
CAPACITY:	99	CENSUS:	DATE: 09/22/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	BEGAN: 11:00 AM
MET WITH:	Kimberly Mejia, Administrator	TIME VISIT/ INSPECTION	COMPLETED: 03:30 PM

NARRATIVE	
1	On 9/22/2025 at 11:00 AM, Licensing Program Analyst (LPA) Eldin Serrano made an unannounced visit
2	to the facility. The purpose of the visit was to conduct a required comprehensive annual inspection LPA
3	met with Administrator Kimberly Mejia and was granted entry to the facility.
4	
5	The facility has (50) resident's bedrooms, (44) bathrooms. There is a kitchen, a lobby area, a dining
6	area, a living room, a laundry room, and a courtyard. The facility is Residential Care Facility for the
7	Elderly (RCFE). The facility is licensed for a capacity of ninety-nine (99) residents of which fifteen(15)
8	ambulatory, eighty four (84) non-ambulatory of which twenty (20) maybe bedridden, hospice waiver
9	granted for twenty (20) and the current census is forty six (46) residents. LPA was accompanied by a
10	staff to conduct a general overall inspection, which included, but was not limited to the following:
11	
12	<u>Physical Plant:</u> The facility is operating in the capacity approved by Community Care Licensing Division
13	(CCLD). There are no obstructions to indoor and outdoor passageways. The facility is maintained at a
14	comfortable temperature of 77 degrees Fahrenheit. LPA inspected resident bedrooms; they are
15	equipped with the required furniture such as: mattresses, nightstands, storage space, and sufficient
16	lighting; bathrooms were clean, and appliances were operating appropriately. LPA observed sufficient
17	furniture and lighting throughout the facility. LPA measured and observed the water temperatures in the
18	bathroom to be at 110 degrees Fahrenheit. The facility is equipped with operating smoke detectors and
19	carbon monoxide alarms on every bedroom. LPA observed that the facility did not have an updated
20	earthquake drill. Technical violation issued. Fire extinguisher was also observed at the facility. Posters
21	such as personal rights, the CCLD complaint poster, and the disaster plan were posted in a common
22	area.
23	***Continuation in LIC809C ***
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons

NAME OF LICENSING PROGRAM ANALYST: Eldin Serrano

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/22/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/22/2025

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 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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27
	RIVERSIDE, CA 92507

FACILITY NAME: SIERRA VISTA

FACILITY NUMBER: 365530261

VISIT DATE: 09/22/2025

NARRATIVE	
1	Cleaning supplies, toxins, sharps, and other dangerous items were kept inaccessible to residents in
2	care. There was a designated storage space for resident/staff files. There is a Medicine cabinet with the
3	resident's medications locked. LPA observed first aid kit and first aid book at the facility.
4	
5	<u>Food Service:</u> Seven (7) days' supply of Non-perishable foods and two (2) days' supply of perishable
6	food supply were observed and sufficient for the number of residents in care. LPA observed that the
7	facility does not have the 72 hour emergency food and water. Citation issued.
8	
9	<u>Care & Supervision:</u> The facility has an Administrator present in the facility with enough hours to
10	appropriately manage the facility. The facility has sufficient number of staff to provide care and
11	supervision to the residents in care. Also, LPA observed that the facility has dementia residents.
12	
13	<u>Record Review:</u> LPA reviewed four (4) resident files for admission agreements, updated physician
14	reports, pre-placement appraisals and needs and services plans. LPA observed resident files reviewed
15	were complete. LPA reviewed six (6) staff files for First Aid/CPR certification, criminal record clearance,
16	trainings, and health screenings. LPA observed that staff #6 (S6) does not have an updated food handler
17	training certificate. Citation issued. LPA observed that staff #6 (S6) does not have the health screening
18	on file with tuberculosis (TB) test result. Citation issued.
19	
20	
21	Based on the observations made during today's visit, Three (3) deficiencies were cited per Title 22,
22	Division 6, of the California Code of Regulations.
23	
24	An exit interview was conducted, and this report LIC809, LIC809C, LIC809D and Appeal Rights were
25	discussed and provided to Administrator Kimberly Mejia.
26	
27	
28	
29	
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons	
NAME OF LICENSING PROGRAM ANALYST: Eldin Serrano	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/22/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/22/2025
---	-------------------------

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: SIERRA VISTA **FACILITY NUMBER:** 365530261
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 09/22/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type A	Section Cited	CCR	87411(f)
--------	---------------	-----	----------

Personnel Requirements - General

(f) All personnel, including the licensee and administrator, shall be in good health, and physically and mentally capable of performing assigned tasks. Good physical health shall be verified by a health screening, including a chest x-ray or an intradermal test, performed by a physician not more than six (6) months prior to or seven (7) days after employment or licensure. A report shall be made of each screening, signed by the examining physician. The report shall indicate whether the person is physically qualified to perform the duties to be assigned, and whether he/she has any health condition that would create a hazard to him/herself, other staff members or residents. A signed statement shall be obtained from each volunteer affirming that he/she is in good health. Personnel with evidence of physical illness or emotional instability that poses a significant threat to the well-being of residents shall be relieved of their duties.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on observation, interview, record review, the licensee did not comply with the section cited above by not ensuring that staff #6 (S) has the health screening on file that includes the tuberculosis (TB) test results negative which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 09/23/2025	
Plan of Correction	
1	Licensee will submit proof of appointment date with a physician to obtain health screening test for staff #6 (S6) to include tuberculosis (TB) test negative or provide the most current health screening test by the plan of correction (POC) due date.
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:	Karen Clemons
NAME OF LICENSING PROGRAM ANALYST:	Eldin Serrano
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 09/22/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 09/22/2025

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** SIERRA VISTA**FACILITY NUMBER:** 365530261**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 09/22/2025**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87555(b)(17)	
--	--------	---------------	-----	--------------	--

General Food Service Requirements

(b) The following food service requirements shall apply: (17) In facilities licensed for fifty (50) or more, and providing three (3) meals per day, a full-time employee qualified by formal training or experience shall be responsible for the operation of the food service. If this person is not a nutritionist, a dietitian, or a home economist, provision shall be made for regular consultation from a person so qualified. The consultation services shall be provided at appropriate times, during at least one meal. A written record of the frequency, nature and duration of the consultant's visits shall be secured from the consultant and kept on file in the facility.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on observation, interview, record review, the licensee did not comply with the section cited above by not ensuring that staff #6 (S6) has the food handler training certificate which poses a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 10/03/2025	
Plan of Correction	
1	Licensee will submit the updated food handler training certificate for staff #6 (S6) on on the plan of correction (POC) due date.
2	
3	
4	

	Type B	Section Cited	HSC	1569.695(a)(2)	
--	--------	---------------	-----	----------------	--

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, the licensee did not comply with the section cited above by not ensuring that the facility is equipped with the 72 hour emergency food and water which poses a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 10/03/2025	
Plan of Correction	
1	Licensee will submit pictures and invoice of the 72 hours emergency food and water by the plan of correction (POC) due date.
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:	Karen Clemons
NAME OF LICENSING PROGRAM ANALYST:	Eldin Serrano

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/22/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/22/2025