

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 365530299
Report Date: 06/29/2026
Date Signed: 06/29/2026 02:22:24 PM

Document Has Been Signed on 06/29/2026 02:22 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:	CARNATION'S HOME	FACILITY NUMBER:	365530299
ADMINISTRATOR/RAMIREZ, SOPHIA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(909) 460-9114
ADDRESS:	1022 N MERCED AVE	ZIP CODE:	91764
CITY:	ONTARIO	STATE: CA	
CAPACITY: 6		CENSUS: 4	
TYPE OF VISIT:	Post Licensing	DATE:	06/29/2026
		UNANNOUNCED TIME VISIT/INSPECTION	01:07 PM
		BEGAN:	
MET WITH:	Licensee/Administrator Sophia Ramirez.	TIME VISIT/INSPECTION	02:30 PM
		COMPLETED:	

NARRATIVE	
1	<p>On 06/29/2026 at 1.00 PM, Licensing Program Analyst (LPA) Beena Singh conducted an announced visit to the facility for purpose of Post-licensing visit. LPA met with Administrator/Applicant Sophia Ramirez. There were three(3) residents present at the facility and one(1) was out in the community. LPA Singh observed the following:</p> <p>Facility is a one (1) story house with four (4) client bedrooms and a staff office and two (2) bathrooms, living room, dining area and kitchen. There was a two (2) car garage attached in the right side of the house.</p> <p>Central heating and air conditioning system installed with one (1) central panel located in the hallway to control the entire house. The facility is at comfortable temperature of 76 degrees Fahrenheit.</p> <p>Each bedrooms accommodate any ambulatory residents and one bedroom for bedridden resident. All residents bedrooms were adequately furnished with bed, chair, closet, appropriate linens, adequate lighting, a lamp and an operable smoke/carbon monoxide alarm.</p> <p>The two (2) bathrooms have a working toilet, wash basin, and shower with an adequate supply of toilet paper and soap. Water temperature in the resident's bathrooms, was within regulations.</p> <p>Knives/sharp instruments were secured in a locked drawer located in the kitchen. There was adequate room for food storage. There is sufficient storage for perishable food. There was adequate seating for meals for all clients. Laundry room with washer and dryer was in the laundry room. Laundry detergents and cleaning supplies were observed in the garage in a locked cabinet. Garage door is locked away from residents.</p>
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NAME OF LICENSING PROGRAM MANAGER:	Efren Malagon
NAME OF LICENSING PROGRAM ANALYST:	Beena Singh

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/29/2026

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

DATE: 06/29/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.LIC809 (FAS) - (06/04)
California Health & Human Services AgencyPage: 1 of 3
California Department of Social Services

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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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: CARNATION'S HOME

FACILITY NUMBER: 365530299
VISIT DATE: 06/29/2026

NARRATIVE	
1	There was a living/family room with adequate seating for all residents and a working TV.
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3	An adequate supply of linens was stored in a cabinet in the hallway of the residence.
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5	Patio furniture for outdoor seating observed. Self-latching handle gate on left side of the house that
6	leads
7	into the backyard. All outdoor pathways were free of obstructions.
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9	Facility sketch was observed posted near the main entrance. There was Let-Us-No poster and Labor
10	Laws observed. One (1) fire extinguisher was charged and located in the kitchen area. Three (3)
11	combined smoke detectors and carbon monoxide detectors were tested and were observed to be in
12	working order. Residents records and staff records are stored in a locked cabinet in the hallway. First Aid
13	kit with required components, and locked area for medication storage was observed in the kitchen
14	cabinet.
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16	There is enough Emergency water supply and the required 72-hour emergency food supply for clients
17	and staffs available at the facility.
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19	Liability Insurance is valid through 10/20/2025 to 10/20/2026.
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22	The facility was evaluated in accordance with the California Code of Regulations (CCR), Title 22,
23	Division 6, Chapters 1 and 6 to ensure the health and safety of clients in care.
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25	An exit interview was conducted, and a copy of this report, LIC809 was discussed and provided to
26	Licensee/Administrator- Sophia Ramirez.
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NAME OF LICENSING PROGRAM MANAGER: Efren Malagon	
NAME OF LICENSING PROGRAM ANALYST: Beena Singh	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/29/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/29/2026