

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 365530374

Report Date: 08/28/2025

Date Signed: 08/28/2025 02:45:55 PM

Document Has Been Signed on 08/28/2025 02:45 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: SUNLIT GARDENS ASSISTED LIVING | FACILITY NUMBER: 365530374 |
| ADMINISTRATOR/GONZALEZ, LUIS | FACILITY TYPE: 740 |
| DIRECTOR: | TELEPHONE: (909) 481-2600 |
| ADDRESS: 9428 19TH STREET | ZIP CODE: 91701 |
| CITY: ALTA LOMA | STATE: CA |
| CAPACITY: 172 | CENSUS: 83 |
| TYPE OF VISIT: Prelicensing | ANNOUNCED |
| MET WITH: Luis Gonzalez, Administrator | DATE: 08/28/2025 |
| | TIME VISIT/INSPECTION: 09:50 AM |
| | BEGAN: 02:50 PM |
| | TIME VISIT/INSPECTION: 02:50 PM |
| | COMPLETED: |

NARRATIVE

1 On 08/28/2025 at 09:50 AM, Licensing Program Analyst (LPA) LaVette Farlow conducted an announced
2 visit to the facility for purpose of Prelicensing evaluation. LPA met with Administrator Luis Gonzalez. An
3 application to operate an Adult Residential Facility for the Elderly was submitted to the Central
4 Applications Bureau (CAB) on 02/15/2025 for a total capacity of 172 Ambulatory, 157 Nonambulatory,
5 and 15 Bedridden. Fire clearance was granted on 04/15/2025. LPA Farlow observed the following:
6
7 The Facility is a four (4) building one story complex. Each room is designed for a shared space with two
8 (2) client bedrooms, one (1) bathrooms. A private room is designed with a bed, private bathroom, living
9 room. Each building has dinning area, kitchen, activity area, a shared common area for activities, with
10 TV, a covered patio with sufficient furnishing for residents in care.
11
12 **Heating/Cooling System:**
13 Central heating and air conditioning system are installed in each building and controlled and maintain in
14 the Med-Tech room and the hallway of each memory care building.
15
16 **Bedrooms/Bathrooms:**
17 Each client bedrooms accommodate any ambulatory client. All client bedrooms were adequately
18 furnished with bed, chair, closet, appropriate linens, adequate lighting, a lamp. The client bathrooms
19 have a working toilet, wash basin, and shower with an adequate supply of toilet paper and soap. LPA
20 Farlow tested the water temperatures in the clients' bathrooms. ***CONTINUED ON LIC 809-C***
21
22
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Nedra Brown

NAME OF LICENSING PROGRAM ANALYST: Lavette Farlow

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 08/28/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 08/28/2025

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 III, 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 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: SUNLIT GARDENS ASSISTED LIVING

FACILITY NUMBER: 365530374

VISIT DATE: 08/28/2025

| NARRATIVE | |
|-----------|---|
| 1 | LPA Farlow verified water temperature and measured at 119.5, 112.3, 111.7, and 109.3 degrees |
| 2 | Fahrenheit. |
| 3 | |
| 4 | <u>Kitchen/Laundry:</u> |
| 5 | An adequate supply of dishes, glasses, utensils, pots, and pans were observed. Knives/sharp |
| 6 | instruments were secured in a locked area. There was adequate room for food storage. |
| 7 | |
| 8 | LPA Farlow observed the appliances to be operational. Refrigerator/freezer were in working condition. |
| 9 | There is sufficient storage for perishable and nonperishable food. There was adequate seating for meals |
| 10 | for all clients. The facility has a Laundry room with several washers and dryers for residents in care. |
| 11 | Laundry detergents and cleaning supplies were observed and secured and inaccessible to residents in |
| 12 | care. |
| 13 | |
| 14 | <u>Living/Common Area:</u> |
| 15 | The facility has adequate seating space for all clients in care with a working TV in the common area. |
| 16 | |
| 17 | |
| 18 | <u>Linens and Hygiene Supplies:</u> |
| 19 | The facility has an adequate supply of linens in the facility for residence in care. |
| 20 | |
| 21 | <u>Yards/Outside:</u> |
| 22 | All four buildings have a covered patio area with adequate seating in the Assisted Living and memory |
| 23 | care building for outdoor seating for residents in care. A secured coded gate on the left and right side of |
| 24 | the memory care building leading to the parking lot and side of the facility. All outdoor pathways were |
| 25 | free of obstructions. |
| 26 | |
| 27 | <u>Emergency Phone Numbers, and Exit Plan:</u> |
| 28 | Facility sketch, Let-US-No poster, Residents Personal Rights, Visitor Policy, and Labor Laws was |
| 29 | observed posted near the main entrance and common area of all four buildings. |
| 30 | ***CONTINUED ON LIC 809-C*** |
| 31 | |
| 32 | |

| | |
|--|-------------------------|
| NAME OF LICENSING PROGRAM MANAGER: Nedra Brown NAME OF LICENSING PROGRAM ANALYST: Lavette Farlow LICENSING PROGRAM ANALYST SIGNATURE: | DATE: 08/28/2025 |
|--|-------------------------|

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

| | |
|---|-------------------------|
| FACILITY REPRESENTATIVE SIGNATURE: | DATE: 08/28/2025 |
|---|-------------------------|

| | |
|--|--|
| 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: SUNLIT GARDENS ASSISTED LIVING

FACILITY NUMBER: 365530374

NARRATIVE

1 **General items:**

2 The facility is equipped with charged fire extinguishers located throughout the buildings. LPA Farlow
 3 observed sufficient amount of smoke detectors and carbon monoxide detectors in all four buildings. LPA
 4 observed and tested the functionality of the detectors. Client records and staff records were stored in a
 5 locked area. LPA observed the First Aid kit with required components, locked in the Med-Tech station.
 6 LPA Farlow observed a facility phone and was operational as evidenced by LPA dialing the number. The
 7 phone number designated for the facility is 909-490-5375. Additionally, LPA Farlow observed facility having
 8 Visitor Sign In/Sign Out Sheet and Client Sign In/Sign Out Sheet, upon entering facility.

9
 10 There is enough Emergency water supply and the required 72-hour emergency food supply for clients
 11 and staffs available at the facility. Component III was completed on this day as well.

12
 13
 14
 15 Pre-Licensing is complete and this facility has no deficiencies. Applicant has satisfied all requirements in
 16 accordance with Title 22, California Code of Regulations.

17
 18 An exit interview was conducted where this report was discussed and a copy was provided to Luis
 19 Gonzalez, Administrator.
 20
 21
 22
 23
 24
 25
 26
 27
 28
 29
 30
 31
 32

NAME OF LICENSING PROGRAM MANAGER: Nedra Brown

NAME OF LICENSING PROGRAM ANALYST: Lavette Farlow

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/28/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/28/2025