

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366402896

Report Date: 11/25/2024

Date Signed: 11/25/2024 05:00:59 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: GENESIS MANOR	FACILITY NUMBER: 366402896
ADMINISTRATOR/GERRY MARKIE	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 6354 SACRAMENTO AVE	TELEPHONE: (909) 262-9802
CITY: ALTA LOMA	STATE: CA
CAPACITY: 6	ZIP CODE: 91701
TYPE OF VISIT: Required - 1 Year	CENSUS: DATE: 11/25/2024
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 02:15 PM
MET WITH: Marya Alpert, Administrator	TIME VISIT/INSPECTION
	COMPLETED: 05:05 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) LaVette Farlow made an unannounced visit to the facility. The purpose
2	of the visit was to conduct a required comprehensive annual inspection. LPA met with Facility Caregiver
3	Gerardo Alfonso and was granted entry to the facility. At the time of the visit there was two (2) staff
4	present, and five (5) residents present. The facility is a six (6) bedroom, four (4), bathroom home, with a
5	kitchen/dining area, living room, and attached garage. The facility is a Residential Care Facility for
6	Elderly (RCFE) Licensed capacity is (6) current census (5). LPA was accompanied by Facility Caregiver,
7	to conduct a general overall inspection, which included, but was not limited to, the following:
8	
9	<u>Physical Plant:</u> The facility is operating in the capacity approved by Community Care Licensing (CCL).
10	There are no obstructions to indoor and outdoor passageways. The facility is maintained at a
11	comfortable temperature 77 degrees Fahrenheit. LPA inspected resident's bedrooms; they are equipped
12	with required furniture such as: mattresses, night stands, storage space, and sufficient lighting;
13	bathrooms were clean, and appliances were operating appropriately. LPA observed sufficient furniture
14	and lighting throughout the facility. LPA measured and observed the water temperatures in the
15	bathrooms/kitchen to be 116.2, 115.2, and 116.2, degrees Fahrenheit. The facility is equipped with
16	operating smoke detectors and carbon monoxide alarms. Posters such as personal rights, the CCL
17	complaint poster, and the disaster plan were posted in a common area. LPA observed the Administrator
18	did not complete an annual review of the Emergency and Disaster Plan as required. Technical violation
19	issued. Cleaning supplies, toxins, sharps, and other dangerous items were kept inaccessible to
20	residents in care. There was a designated storage space for resident/staff files. Medications are kept
21	inside medication closet inaccessible to residents in care. Overall, the facility is clean, in good repair,
22	and operating in safe conditions for residents in care.
23	
24	<u>Food Service:</u> Non-perishable and perishable food supply is sufficient for number of residents in care.
25	

Care & Supervision: Facility has sufficient care staff for coverage 24 hours a day, 7 days a week. All staff members working in the facility have criminal record clearance through the department.

NAME OF LICENSING PROGRAM MANAGER: Nedra Brown
NAME OF LICENSING PROGRAM ANALYST: Lavette Farlow
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/25/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/25/2024

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

LIC809 (FAS) - (06/04)

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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 (Cont)

FACILITY NAME: GENESIS MANOR

FACILITY NUMBER: 366402896

VISIT DATE: 11/25/2024

NARRATIVE

1 Record Review: LPA reviewed three (3) resident files for admission agreements, updated physician
2 reports, and needs and services plans. LPA also reviewed three (3) staff files for First Aid/CPR
3 certification, criminal record clearance, training, and health screenings. LPA observed staff file were not
4 maintain with training or current CPR records. Technical violation issued. Medications were audited at
5 random. LPA observed two (2) out of two (2) residents medication log was not maintain according to the
6 prescribing physician orders. LPA observed medication listed that were not available according to the
7 physician orders. Technical violation issued.

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9 Based on the observations made during today's visit, three (3) technical violation were issued, and no
10 deficiencies were cited per Title 22, Division 6, of the California Code of Regulations.

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12 An exit interview was conducted, and this report (LIC809), (LIC809C) and (9102TV) was discussed and
13 provided to Facility Administrator Marya Alpert.

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NAME OF LICENSING PROGRAM ANALYST: Lavette Farlow
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 11/25/2024

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/25/2024