

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366402896

Report Date: 11/12/2025

Date Signed: 11/12/2025 01:45:14 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 DIRECTOR:	FACILITY TYPE: 740
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: 5
	DATE: 11/12/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 09:45 AM
MET WITH: Alaina Hendrick, Administrator	TIME VISIT/INSPECTION
	COMPLETED: 01:50 PM

NARRATIVE

1 On November 12, 2025 at 9:45 AM Licensing Program Analyst (LPA) LaVette Farlow made an
2 unannounced visit to the facility. The purpose of the visit was to conduct a required comprehensive
3 annual inspection. LPA met with Facility Caregiver Gerardo Alfonso and was granted entry to the facility.
4 Gerardo notified the Administrator Alaina Hendrick of LPA's arrival. At the time of the visit there was two
5 (2) staff present, and five (5) residents present. The facility is a two story six (6) bedroom, five (5),
6 bathroom are for residents and the second story room is for staff, with a kitchen/dining area, living room,
7 and attached garage. The facility is a Residential Care Facility for Elderly (RCFE) Licensed capacity is
8 (6) current census (5). LPA was accompanied by Facility Caregiver, Gerardo and Administrator, Alaina to
9 conduct a general overall inspection, which included, but was not limited to, the following:
10
11 Physical Plant: The facility is operating in the capacity approved by Community Care Licensing (CCL).
12 There are no obstructions to indoor and outdoor passageways. The facility is maintained at a
13 comfortable temperature 72 degrees Fahrenheit. LPA inspected resident's bedrooms; they are equipped
14 with required furniture such as: mattresses, night stands, storage space, and sufficient lighting;
15 bathrooms were clean, and appliances were operating appropriately. LPA observed the hallway
16 bathroom was missing it's door. Caregiver and Administrator informed LPA that the door was removed
17 due to lock repair and a hole in the door. Administrator stated the repairs should be completed within the
18 next 48 hours. A technical advisory noted. LPA observed sufficient furniture and lighting throughout the
19 facility. LPA measured and observed the water temperatures in the bathrooms/kitchen to be 110.6 and
20 111.2, degrees Fahrenheit. The facility is equipped with operating smoke detectors and carbon
21 monoxide alarms. Posters such as personal rights, the CCL complaint poster, and the disaster plan were
22 posted in a common area. Cleaning supplies, toxins, sharps, and other dangerous items were kept
23 inaccessible to residents in care. There was a designated storage space for resident/staff files.
24 Medications are kept inside medication closet inaccessible to residents in care. Overall, the facility is
25 clean, in good repair, and operating in safe conditions for residents in care.

NAME OF LICENSING PROGRAM MANAGER: Nedra Brown

NAME OF LICENSING PROGRAM ANALYST: Lavette Farlow

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 11/12/2025**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 11/12/2025**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 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
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FACILITY NAME: GENESIS MANOR

FACILITY NUMBER: 366402896

VISIT DATE: 11/12/2025

NARRATIVE	
1	<u>Food Service:</u> Non-perishable and perishable food supply is sufficient for number of residents in care.
2	LPA observed emergency food supply and water for residents and staff.
3	
4	<u>Care & Supervision:</u> Facility has sufficient care staff for coverage 24 hours a day, 7 days a week. All staff
5	members working in the facility have criminal record clearance through the department.
6	
7	<u>Record Review:</u> LPA reviewed three (3) resident files for admission agreements, updated physician
8	reports, and needs and services plans. LPA observed that three (3) out of three (3) residents file were
9	missing a annual Needs and Service Plan. A deficiency cited. LPA also reviewed three (3) staff files for
10	First Aid/CPR certification, criminal record clearance, training, and health screenings. LPA observed staff
11	file were maintained. Medications were audited at random. LPA reviewed three (3) residents medication
12	log. Two (2) out of three (3) residents centrally stored medication were incomplete. The centrally stored
13	medication log for the month of November was missing medication that was issued in January, August,
14	and October and the facility was not maintaining a MARS log for PRN medications. Deficiencies cited.
15	
16	Based on the observations made during today's visit, two (2) deficiency were cite and one (1) technical
17	advisory was issued, per Title 22, Division 6, of the California Code of Regulations.
18	
19	An exit interview was conducted, and this report (LIC809), (LIC809C), (LIC809D) and appeal rights was
20	discussed and provided to Facility Administrator Alaina Hendrick.
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NAME OF LICENSING PROGRAM MANAGER: Nedra Brown	
NAME OF LICENSING PROGRAM ANALYST: Lavette Farlow	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 11/12/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 11/12/2025
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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** GENESIS MANOR**FACILITY NUMBER:** 366402896**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 11/12/2025**DEFICIENCIES & PLANS OF CORRECTION (POCs)****Type B****Section Cited****CCR****87465(h)(4)****Incidental Medical and Dental Care Services**

(h) The following requirements shall apply to medications which are centrally stored: (4) All centrally stored medications shall be labeled and maintained in compliance with state and federal laws. No persons other than the dispensing pharmacist shall alter a prescription label.

This requirement is not met as evidenced by:

Deficient Practice Statement

- 1 Based on observation, and record review, the licensee did not comply with the section cited above in
- 2 two (2) out of three (3) residents in care by not ensuring that the current centrally stored log had a list of
- 3 all medications being dispensed. LPA observed the log for the month of November was missing
- 4 medication that had been prescribed in prior months such as January, August, and October, but was not on the current log for November centrally stored medication for two (2) out of three (3) residents which poses/posed a potential health, safety or personal rights risk to persons in care.

POC Due Date: 12/12/2025**Plan of Correction**

- 1 Administrator agrees to conduct a routine audit of the centrally stored medication log and ensure all
- 2 medications are listed for the current month. Administrator agrees to conduct a training with all staff that
- 3 assist with medication and submit a training log of all participants and a statement of understand of the
- 4 regulation cited by POC due to LPA.

Type B**Section Cited****CCR****87465(d)(3)****Incidental Medical and Dental Care Services**

(d) If the resident is unable to determine his/her own need for a prescription or nonprescription PRN medication, and is unable to communicate his/her symptoms clearly, facility staff designated by the licensee, shall be permitted to assist the resident with self-administration, provided all of the following requirements are met: (3) The date and time the PRN medication was taken, the dosage taken, and the resident's response shall be documented and maintained in the resident's facility record.

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 in three (3) out of three (3) residents in care by not maintain a MARS log, signing and dated when
- 3 the medication was being dispensed which poses/posed a potential health, safety or personal rights risk
- 4 to persons in care.

POC Due Date: 12/12/2025**Plan of Correction**

- 1 Administrator agree to complete a training, a statement of understanding, and start maintaining a log of
- 2 PRN medication that is dispensed to residents in care by POC due to LPA.
- 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

Nedra Brown

MANAGER:**NAME OF LICENSING PROGRAM**

Lavette Farlow

ANALYST:**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 11/12/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/12/2025

LIC809 (FAS) - (06/04)

Page: 4 of 6

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Created By: Lavette Farlow On 11/12/2025 at 12:58 PM

Link to Parent Document Below:

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: GENESIS MANOR

FACILITY NUMBER: 366402896

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/12/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type B	Section Cited	CCR	87463(a)
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Reappraisals

(a) The pre-admission appraisal, as specified in Section 87457, Pre-Admission Appraisal, shall be updated, in writing as frequently as necessary or once every 12 months, whichever occurs first, to note significant changes in condition, as defined in Section 87101, Definitions, and to keep the appraisal accurate. For the purposes of this section, the updated pre-admission appraisal shall be referred to as the reappraisal.

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 above in three (3) out of three (3) residents in care by not ensuring that the facility maintained a Needs and Service Plan/ Appraisal report annually to dementia, hospice, bedridden residents or for changes in condition which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 12/12/2025	
Plan of Correction	
1	Administrator agrees to complete a Needs and Service plan for all residents in care and maintain this review annually. Administrator will notified LPA upon completion by POC due date.
2	
3	
4	

Section Cited

Deficient Practice Statement	
1	
2	
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4	
POC Due Date:	
Plan of Correction	
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.

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

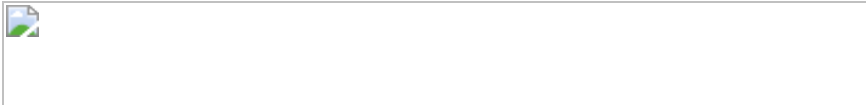
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/12/2025

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FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/12/2025