

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366413080
Report Date: 04/14/2026
Date Signed: 04/14/2026 02:22:12 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:	TUPARAN RESIDENTIAL CARE FACILITY INC	FACILITY NUMBER:	366413080
ADMINISTRATOR/TUPARAN, LORETA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	1929 CHURCH STREET	TELEPHONE:	(909) 894-3667
CITY:	REDLANDS	STATE: CA	ZIP CODE: 92374
CAPACITY: 6		CENSUS: 1	DATE: 04/14/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	01:05 PM
		BEGAN:	
MET WITH:	Caregiver Ayojide Ojo	TIME VISIT/INSPECTION	02:35 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Sarina Ramirez made an unannounced visit to the facility to conduct a required annual inspection. LPA met with Caregiver Ayojide Ojo, and discussed the purpose of the visit.
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4	The facility is a Residential Care Facility for the Elderly (RCFE) with a license capacity of (6), a current census of (1). LPA conducted an overall inspection of the facility, which included, but was not limited to, the following:
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7	Physical Plant/Environment: Indoor and outdoor passageways are free of obstruction. The facility does not have a swimming pool or similar bodies of water. The facility has sufficient lighting and is maintained at a comfortable temperature at 72 degrees F. The facility has sufficient indoor and outdoor space for resident activities. The facility is equipped with operating smoke detectors/carbon monoxide alarms, working laundry equipment, and telephone service. Resident's showers, toilets, and hand washing areas were operating properly. The hot water temperature in one (1) resident bathroom measured 111 degrees F. Five (5) resident's bedrooms had beds, bed linen, chairs, dresser, storage space and sufficient lighting. The facility has sufficient linens, towels, and personal hygiene items for residents. The facility has posted in a common area, facility license, facility sketch, emergency disaster plan and telephone numbers, personal rights, CCLD complaint poster, and Ombudsman poster.
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17	Food Service: Facility kitchen and dining area are maintained clean. The facility has sufficient non-perishable and perishable food supply for residents in care. Sharps and chemicals were kept locked and inaccessible to residents in care.
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NAME OF LICENSING PROGRAM MANAGER:	Karen Clemons
NAME OF LICENSING PROGRAM ANALYST:	Sarina Ramirez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/14/2026

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

DATE: 04/14/2026

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 4
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: TUPARAN RESIDENTIAL CARE FACILITY
INC

FACILITY NUMBER: 366413080

VISIT DATE: 04/14/2026

NARRATIVE		
1	Care & Supervision: Facility has 24-hour/7days a week care staff. Facility staff working were background cleared and have current CPR/first aid training.	
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4		Medical Related Services: Resident's medications are labeled and centrally stored in a locked closet. One (1) Resident's medication was audited and administered as prescribed.
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7		Record Review: One (1) Staff file reviewed was observed to be complete. One (1) Resident file reviewed was observed to be complete. Last fire drill conducted on 02/08/26.
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10		Based on observations and record review technical assistance was discussed with no deficiencies cited per Title 22, Division 6, of the California Code of Regulations.
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13		An exit interview was conducted, and this report along with LIC 9102, and Appeal Rights were discussed and provided to Caregiver Ayojide Ojo at the conclusion of the visit.
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NAME OF LICENSING PROGRAM MANAGER: Karen Clemons	
NAME OF LICENSING PROGRAM ANALYST: Sarina Ramirez	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/14/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/14/2026