

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366413245

Report Date: 12/06/2024

Date Signed: 12/06/2024 02:15:24 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME: STERLING COMMONS	FACILITY NUMBER: 366413245
ADMINISTRATOR/DEBORAH STAGGS	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 17797 LINDERO ROAD	TELEPHONE: (760) 245-3300
CITY: VICTORVILLE	STATE: CA
CAPACITY: 70	ZIP CODE: 92392
TYPE OF VISIT: Required - 1 Year	CENSUS: 59
	DATE: 12/06/2024
	UNANNOUNCED TIME VISIT/INSPECTION BEGAN: 11:35 AM
MET WITH: Jennifer Bohner- Director of Community Relations	TIME VISIT/INSPECTION COMPLETED: 02:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Michelle Echeverria made an unannounced visit to the facility. The
2	purpose of the visit was to conduct a required comprehensive annual inspection. LPA met with Director
3	of Community Relations, Jennifer Bohner and was granted entry to the facility. The facility is a
4	Residential Care Facility for Elderly (RCFE) licensed capacity for (70) nonambulatory, hospice waiver for
5	(25), bedridden for (35), fire clearance for delayed egress and locked perimeters and advertising in
6	dementia care. The facility has (3) wings, (39) bedrooms, bathrooms, reception area, living rooms, tv
7	rooms, kitchen, laundry room, staff rooms, offices and shaded patios. LPA was accompanied by Jennifer
8	to conduct a general overall inspection, which included, but was not limited to the following:
9	
10	<u>Physical Plant:</u> The facility is operating in the capacity approved by Community Care Licensing (CCL).
11	There are no obstructions to indoor and outdoor passageways. The facility is maintained at comfortable
12	temperatures 75, 74, 71, 74, and 76 degrees fahrenheit. Water temperatures measured at 105, 109,
13	107.4, and 105.9 degrees fahrenheit. LPA inspected resident bedrooms; they are equipped with required
14	furniture such as: mattresses, night stands, storage space, and sufficient lighting; bathrooms were
15	clean, and appliances were operating appropriately. LPA observed sufficient furniture and lighting
16	throughout the facility. The facility is equipped with operating fire extinguishers, smoke detectors, signal
17	alarms and carbon monoxide alarms. Posters such as personal rights, CCL complaint poster, CCL
18	license, ombudsman, and facility sketch were posted in a common area. Cleaning supplies, toxins,
19	sharps, and other dangerous items were kept inaccessible to residents in care. There was a designated
20	storage space for residents/staff files. Medications were kept inaccessible to residents. Overall, the
21	facility is clean, in good repair, and operating in safe conditions for residents in care.
22	
23	<u>Food Service:</u> Non-perishable and perishable food supply is sufficient for number of residents in care.
24	Pesticides and other toxin's are not stored in food areas.
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: Michelle Echeverria
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/06/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/06/2024

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, 1650 SPRUCE ST STE 200
MS29-27
RIVERSIDE, CA 92507

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: STERLING COMMONS

FACILITY NUMBER: 366413245

VISIT DATE: 12/06/2024

NARRATIVE

1 Record Review: LPA reviewed residents files for admission agreements, physician reports, and needs
2 and services plans. LPA also reviewed staff files for First Aid/CPR certification, criminal record
3 clearance, trainings, and health screenings. Medication was audited at random and appeared to be
4 dispensed appropriately by staff. LPA reviewed facility's file for emergency drills, emergency disaster
5 plan, annual fire inspection, and insurance policy.
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7 No deficiencies were cited during this visit. An exit interview was conducted, this report LIC809 and
8 LIC809C were discussed and provided to Director of Community Relations, Jennifer Bohner.
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NAME OF LICENSING PROGRAM MANAGER: Nedra Brown
NAME OF LICENSING PROGRAM ANALYST: Michelle Echeverria
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 12/06/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/06/2024