

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 366413246

Report Date: 12/11/2025

Date Signed: 12/11/2025 02:33:11 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	STERLING INN	FACILITY NUMBER:	366413246
ADMINISTRATOR/BARBER, DONALD DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	17738 FRANCESCA ROAD	TELEPHONE:	(760) 245-2999
CITY:	VICTORVILLE	STATE: CA	ZIP CODE: 92392
CAPACITY:	185	CENSUS: 117	DATE: 12/11/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	08:14 AM
MET WITH:	Don Barber- Administrator	BEGAN: TIME VISIT/ INSPECTION	02:48 PM
		COMPLETED:	

### 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  
3 Administrator, Donald Barber and was granted entry to the facility. The facility is a Residential Care  
4 Facility for Elderly (RCFE) licensed capacity for (185) current census (117). The facility has (166)  
5 apartment bedrooms with bathrooms included, reception area, library room, beauty/barber room, billiard  
6 room, (4) laundry rooms, offices, card room, media room, regency room, craft room, bistro room, lounge,  
7 exercise room, club room, garden room and a handicap bathroom. LPA was accompanied by the  
8 Administrator to conduct a general overall inspection, which included, but was not limited to the  
9 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 of 69, 76, 71 and 71 degrees Fahrenheit. Water temperature measured at 120,  
14 112, 119 and 116 degrees Fahrenheit. LPA inspected resident bedrooms; they are equipped with  
15 required furniture such as: mattresses, night stands, storage space, and sufficient lighting; bathrooms  
16 were clean, and appliances were operating appropriately. LPA observed sufficient furniture and lighting  
17 throughout the facility. The facility is equipped with operating fire extinguishers, smoke detectors, signal  
18 alarms and carbon monoxide alarms. Posters such as personal rights, CCL complaint poster, CCL  
19 license, ombudsman, and facility sketch were posted in a common area. Cleaning supplies, toxins,  
20 sharps, and other dangerous items were kept inaccessible to residents in care. There was a designated  
21 storage space for residents/staff files. Medications were kept in Med-Room inaccessible to residents.  
22 Overall, the facility is clean, in good repair, and operating in safe conditions for residents in care.  
23  
24 Food Service: LPA observed 2 days of perishables and 7 days non-perishables food, pantry stocked and  
25 up to date. Facility has a variety of food available. Dishes, cups, and utensils were stored properly.

**NAME OF LICENSING PROGRAM MANAGER:** Nedra Brown  
**NAME OF LICENSING PROGRAM ANALYST:** Michelle Echeverria

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 12/11/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 12/11/2025

**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  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
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**FACILITY NAME:** STERLING INN

**FACILITY NUMBER:** 366413246

**VISIT DATE:** 12/11/2025

NARRATIVE	
1	<u>Care &amp; Supervision:</u> Facility has sufficient care staff for coverage 24 hours a day, 7 days a week.
2	
3	<u>Record Review:</u> LPA reviewed resident files for admission agreements, physician reports, and needs
4	and services plans. LPA observed that two resident files did not have proof of a TB test and results.
5	Deficiency issued. LPA observed that one admission agreement was printed double side. Technical
6	violation issued. LPA also reviewed staff files for First Aid/CPR certification, criminal record clearance,
7	trainings, and health screenings. LPA reviewed the infection control plan, liability insurance, disaster
8	drills and emergency disaster plan. LPA observed that the facility were not conducting different type of
9	disasters quarterly for each shift. Technical violation issued.
10	
11	One deficiency and two technical violations were cited during this visit. An exit interview was conducted,
12	and this report LIC809, LIC809C, LIC809D, LIC9102TV and appeal rights were discussed and provided
13	to Administrator, Donald Barber.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Nedra Brown
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Michelle Echeverria
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b> _____
<b>DATE:</b> 12/11/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b> _____
<b>DATE:</b> 12/11/2025

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# FACILITY EVALUATION REPORT (Cont)

**FACILITY NAME:** STERLING INN

**FACILITY NUMBER:** 366413246

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 12/11/2025

### DEFICIENCIES & PLANS OF CORRECTION (POCs)

	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87458(c)(1)(A)</b>	
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#### Medical Assessment

(c) The medical assessment shall include, but not be limited to: (1) A physical examination of the resident indicating the licensed medical professional's diagnosis or diagnoses and results of an examination for all of the following: (A) Communicable tuberculosis.

This requirement is not met as evidenced by:

#### Deficient Practice Statement

1 Based on observation and record review, the administrator did not comply with the section cited above  
 2 by not making sure that a communicable tuberculosis examination with results were included in two  
 3 resident medical assessments which poses a potential health, safety or personal rights risk to persons in  
 4 care.

**POC Due Date:** 12/12/2025

#### Plan of Correction

1 Administrator stated that he will review the regulation cited and submit a statement of understanding to  
 2 LPA via email by POC due date.  
 3  
 4

		<b>Section Cited</b>			
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#### Deficient Practice Statement

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 3  
 4

**POC Due Date:**

#### Plan of Correction

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 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:** Michelle Echeverria

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 12/11/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 12/11/2025