

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366426055

Report Date: 03/04/2026

Date Signed: 03/04/2026 03:38:15 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
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FACILITY EVALUATION REPORT	
FACILITY NAME: BRIGHTWATER SENIOR LIVING OF HIGHLAND (DBA)	FACILITY NUMBER: 366426055
ADMINISTRATOR/MARGUERITE CROCKEM	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 28807 BASELINE STREET	TELEPHONE: (909) 742-7353
CITY: HIGHLAND STATE: CA	ZIP CODE: 92346
CAPACITY: 115 CENSUS: 91	DATE: 03/04/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION 09:30 AM
	BEGAN:
MET WITH: Health Services Director, Amber Coleman	TIME VISIT/INSPECTION 03:45 PM
	COMPLETED:

NARRATIVE	
1	On 03/04/2026 at 09:30AM Licensing Program Analyst (LPA) Renese Howell-Small conducted an
2	unannounced visit to this facility for the required annual inspection. Entry into the facility is unobstructed
3	and LPA met with Health Services Director, Amber Nelson. The facility is approved for a Hospice Waiver
4	for twenty (20) residents. The facility is approved for delayed egress. LPA and maintenance manager
5	Enrique Serralta toured the exterior of the facility.
6	
7	<u>Physical Plant:</u> The facility is operating within capacity and not beyond the conditions of the license.
8	There are no pool located on the premises. There is a shallow potted water feature in the memory care
9	courtyard. The facility is being maintained at a comfortable temperature for residents in common areas.
10	Residents are able to set individual temperatures within their unit. All passageways are kept free of
11	obstruction. Hot water temperature was measured in five units at random and all measured within
12	regulatory limits. There are grab bars for each toilet, bathtub and showers used by residents. The facility
13	has an operable signal system that is operable from the memory care unit. Fire safety installations such
14	as extinguishers, sprinklers, and alarms are monitored by an authorized fire inspection outside company
15	and LPA observed proof of inspection during the inspection on 03/04/2026. The commercial kitchen was
16	last inspected by the same third party company on 10/24/2024. Fire extinguishers were observed to be
17	charged, last serviced on 03/23/2025 and will be serviced at the end of the month. Overall the facility is
18	in good condition; it is clean, sanitary and free of foul odors.
19	
20	<u>Kitchen and Food Service:</u> The total daily diet provided to residents appears to be of the quality and in
21	the quantity necessary to meet resident needs. There is a minimum of one week supply of
22	nonperishable foods and two days of perishable food items. All readily perishable food or beverages
23	capable of micro-organism growth are being stored in covered containers at appropriate temperatures.
24	Commercial refrigerator and freezer are maintained within regulatory temperatures.
25	

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Renese Howell-Small


DATE: 03/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/04/2026

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.

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Created By: Renese Howell-Small On 03/04/2026 at 03:11 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
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FACILITY NAME: BRIGHTWATER SENIOR LIVING OF HIGHLAND (DBA)
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 366426055
VISIT DATE: 03/04/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87303(e)(5)	
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Maintenance and Operation

(5) Slip-resistant mats, strips, or flooring shall be used in all bathtub and shower floors.
 This requirement is not met as evidenced by:

	Deficient Practice Statement
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1	Based on observation the licensee did not comply with the section cited above by not ensuring that the bath mat in the memory care unit was non-slip, which poses an immediate health, safety or personal rights risk to persons in care.
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4	

	POC Due Date: 03/05/2026
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	Plan of Correction
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1	Staff removed the bath mat for the resident's bathroom during the inspection. Licensee/Administrator will conduct a staff training on non-slip/safety with staff and submit proof to LPA by Plan of Correction (POC) due date.
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	Type A	Section Cited	CCR	87309(a)	
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Storage Space and Access

(a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage.
 This requirement is not met as evidenced by:


	Deficient Practice Statement
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1	Based on observation the licensee did not comply with the section cited above by not ensuring that the four bottles of cleaning solution were locked and inaccessible to memory care residents, which poses an immediate health, safety or personal rights risk to persons in care.
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	POC Due Date: 03/05/2026
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	Plan of Correction
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1	Staff removed the cleaning solutions from underneath the sink in the kitchen and placed them in a locked storage room during the inspection. Licensee/Administrator will conduct an in-service training on dangerous items/storage and submit proof to LPA by Plan of Correction (POC) due date.
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NAME OF LICENSING PROGRAM MANAGER:	Karen Clemons
NAME OF LICENSING PROGRAM ANALYST:	Renese Howell-Small
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 03/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 03/04/2026

Created By: Renese Howell-Small On 03/04/2026 at 03:11 PM
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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: BRIGHTWATER SENIOR LIVING OF HIGHLAND (DBA) **FACILITY NUMBER:** 366426055
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 03/04/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87465(b)	
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Incidental Medical and Dental Care Services

(b) If the resident's physician has stated in writing that the resident is able to determine and communicate his/her need for a prescription or nonprescription PRN medication, facility staff shall be permitted to assist the resident with self-administration of his/her PRN medication.

This requirement is not met as evidenced by:


	Deficient Practice Statement
1	Based on observation and interview, Licensee/Administrator did not ensure that medications were not centrally stored which poses/posed a potential health, safety or personal rights risk to persons in care. Several bottles of medications were found in the bathroom cabinet of resident in room 224.
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	POC Due Date: 03/13/2026
	Plan of Correction
1	Staff removed all of the medicationos from the resident's room and logged them on the centrally stored medications list during the visit. Licensee/Administrator will conduct a staff training on centrally stored medications and notify residents' families regarding the facility's medication policy and submit proof to LPA by Plan of Correction (POC) due date.
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		Section Cited			
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	Deficient Practice Statement
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	POC Due Date:
	Plan of Correction

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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:	Karen Clemons
NAME OF LICENSING PROGRAM ANALYST:	Renese Howell-Small
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 03/04/2026

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	DATE: 03/04/2026

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

FACILITY NAME: BRIGHTWATER SENIOR LIVING OF HIGHLAND (DBA)

FACILITY NUMBER: 366426055

VISIT DATE: 03/04/2026

NARRATIVE	
1	<u>Medication, Care, and Supervision:</u> The facility has ensured sufficient and competent staff to provide the services needed to meet resident needs. Chemicals and items which may pose a danger were observed in an unlocked cabinet in the memory care kitchen. A deficiency will be cited. LPA Renese Howell-Small inspected medications with charge nurses and found medications in their original containers. Medications appear to be dispensed according to the physician's orders. LPA observed over-the-counter medications in one of the residents' room. A deficiency will be cited.
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8	<u>Resident and Staff Files:</u> LPA reviewed a sample of staff and resident files. Staff files had the required documentation including a health screening report and current first aid and/or CPR certification. Resident files had the required documentation including consent forms, appraisal and/or needs and services plan, and updated physician's reports. Two (2) of the resident files reviewed did not have Admission's Agreement. A Technical Violation was cited. First Aid training are on file for staff who provide direct care and supervision to residents. Staff have training for Dementia care and Activities of Daily Living.
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15	<u>Operations and Administration:</u> Disaster Plan is present. Executive Director Marguerite Crockem is present in the facility a sufficient amount of hours and the administrator certification is up to date. The required licensing and ombudsman posters are posted and in public view. Residents rights are posted and a copy is kept in the resident's file.
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22	Three deficiencies and two Technical Violations were cited during this visit. LPA confirmed that licensing fees are current. An exit interview was conducted where this report LIC809, LIC809C, LIC809D, LIC9102 and Appeal Rights were discussed and copies provided to staf, Sarina Alonso.
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NAME OF LICENSING PROGRAM ANALYST: Renese Howell-Small

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/04/2026

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