

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366426141

Report Date: 11/25/2024

Date Signed: 11/25/2024 01:32:55 PM

Document Has Been Signed on 11/25/2024 01:32 PM - It Cannot Be Edited

Table with 2 columns: STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY and CALIFORNIA DEPARTMENT OF SOCIAL SERVICES. Includes FACILITY EVALUATION REPORT title and address: SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507.

Facility details table including: FACILITY NAME: HALCYON PLACE I, ADMINISTRATOR/MARYA ALPERT, ADDRESS: 6947 KIRKWOOD AVENUE, CITY: ALTA LOMA, STATE: CA, ZIP CODE: 91701, DATE: 11/25/2024, TYPE OF VISIT: Required - 1 Year, UNANNOUNCED TIME VISIT/INSPECTION BEGAN: 10:17 AM, MET WITH: Marya Alpert, Licensee, TIME VISIT/INSPECTION COMPLETED: 01:35 PM.

NARRATIVE section with numbered lines 1-25. Text includes: Licensing Program Analyst (LPA) LaVette Farlow made an unannounced visit to the facility. The purpose of the visit was to conduct a required comprehensive annual inspection. LPA met with Facility Caregiver Eva Tancinco and was granted entry to the facility. At the time of the visit there were two (2) staff present, and five (5) residents present. The facility is a six (6) bedroom, two (2), bathroom home, with a kitchen/dining area, living room, and attached garage. The facility is a Residential Care Facility for Elderly (RCFE) facility Licensed capacity is (6) current census (5). LPA was accompanied by Facility Caregiver, to conduct a general overall inspection, which included, but was not limited to, the following: Physical Plant: The facility is operating in the capacity approved by Community Care Licensing (CCL). There are no obstructions to indoor and outdoor passageways. The facility is maintained at a comfortable temperature 72 degrees Fahrenheit. LPA inspected resident bedrooms; they are equipped with required furniture such as: mattresses, night stands, storage space, and sufficient lighting; bathrooms were clean, and appliances were operating appropriately. LPA observed sufficient furniture and lighting throughout the facility. LPA measured and observed the water temperatures in the bathrooms to be 108.1 and 116.5 degrees Fahrenheit. The facility is equipped with operating smoke detectors and carbon monoxide alarms. Posters such as personal rights, the CCL complaint poster, and the disaster plan were posted in a common area. Cleaning supplies, toxins, sharps, and other dangerous items were kept inaccessible to residents in care. There was a designated storage space for resident/staff files. Medications are kept inside medication cabinet inaccessible to residents in care. Overall, the facility is clean, in good repair, and operating in safe conditions for residents in care. Food Service: Non-perishable and perishable food supply is sufficient for number of residents in care. 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: Lavette Farlow
LICENSING PROGRAM ANALYST SIGNATURE:  **DATE:** 11/25/2024

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

FACILITY REPRESENTATIVE SIGNATURE:  **DATE:** 11/25/2024

This report must be available at Child Care and Group Home facilities for public review for 3 years.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507</p>
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FACILITY NAME: HALCYON PLACE I

FACILITY NUMBER: 366426141

VISIT DATE: 11/25/2024

NARRATIVE

1 Record Review: LPA reviewed three (3) resident files for admission agreements, updated physician
2 reports, and needs and services plans. LPA also reviewed two (3) staff files for First Aid/CPR
3 certification, criminal record clearance, training, and health screenings. Medications were audited at
4 random and appeared to be dispensed appropriately by staff members.
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6 Based on the observations made during today's visit, no deficiencies were cited per Title 22, Division 6,
7 of the California Code of Regulations.
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9 An exit interview was conducted, and this report (LIC809) and (LIC809C) was discussed and provided to
10 Facility Licensee Marya Alpert.
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NAME OF LICENSING PROGRAM ANALYST: Lavette Farlow
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