

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366426141

Report Date: 11/17/2025

Date Signed: 11/17/2025 01:13:04 PM

Document Has Been Signed on 11/17/2025 01:13 PM - It Cannot Be Edited

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: HALCYON PLACE I	FACILITY NUMBER: 366426141
ADMINISTRATOR/MARYA ALPERT	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 6947 KIRKWOOD AVENUE	TELEPHONE: (951) 818-6667
CITY: ALTA LOMA	STATE: CA
CAPACITY: 6	ZIP CODE: 91701
TYPE OF VISIT: Required - 1 Year	CENSUS: 5
	DATE: 11/17/2025
	UNANNOUNCED TIME VISIT/INSPECTION: 09:08 AM
	BEGAN:
MET WITH: Marya Alpert, Administrator	TIME VISIT/INSPECTION: 01:20 PM
	COMPLETED:

NARRATIVE

1 Licensing Program Analyst (LPA) LaVette Farlow made an unannounced visit to the facility. The purpose
2 of the visit was to conduct a required comprehensive annual inspection. LPA met with Facility Caregiver
3 Aleksander and was granted entry to the facility. At the time of the visit there were two (2) staff present,
4 and five (5) residents present. The facility is a six (6) bedroom, two (2), bathroom home, with a
5 kitchen/dining area, living room, and attached garage. One (1) of the six (6) bedrooms is for the
6 Caregivers. The facility is a Residential Care Facility for Elderly (RCFE) facility Licensed capacity is (6)
7 current census (5). LPA was accompanied by Administrator, Marya Alpert to conduct a general overall
8 inspection, which included, but was not limited to, the following:

9
10 Physical Plant: 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 a
12 comfortable temperature 78 degrees Fahrenheit. LPA inspected resident bedrooms; they are equipped
13 with required furniture such as: mattresses, night stands, storage space, and sufficient lighting;
14 bathrooms were clean, and appliances were operating appropriately. LPA observed sufficient furniture
15 and lighting throughout the facility. LPA measured and observed the water temperatures in the
16 bathrooms to be 113.0 and 118.9 degrees Fahrenheit. The facility is equipped with operating smoke
17 detectors and carbon monoxide alarms. Posters such as personal rights, the CCL complaint poster, and
18 the disaster plan were posted in a common area. Cleaning supplies, toxins, sharps, and other
19 dangerous items were kept inaccessible to residents in care. There was a designated storage space for
20 resident/staff files. Medications are kept inside medication cabinet inaccessible to residents in care.
21 Overall, the facility is clean, in good repair, and operating in safe conditions for residents in care.

22
23 Food Service: Non-perishable and perishable food supply is sufficient for number of residents in care.
24 LPA observed emergency food supply and water for residents and staff in case of an emergency.
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: Lavette Farlow
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/17/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/17/2025

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 final penalty notice. 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 FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
--	--

FACILITY NAME: HALCYON PLACE I

FACILITY NUMBER: 366426141

VISIT DATE: 11/17/2025

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p><u>Record Review:</u> LPA reviewed three (3) resident files for admission agreements, updated physician reports, and needs and services plans. LPA also reviewed three (3) staff files for First Aid/CPR certification, criminal record clearance, training, and health screenings. Staff personnel files appeared to be maintained and in order. Medications were audited at random. LPA audited three (3) residents files and observed the Administrator did not maintain a updated centrally store medication log. The month of November centrally stored log was missing medications that were prescribed from previous months. LPA observed that 1 out of 3 resident medication was not dispensed according to the doctors order. The bubble pack was stated to have begin on 10/22/2025 and as of today the bubble pack should only have 3 pill in the pack. LPA observed the medication pack had four or more pills remaining in the pack which indicates the medication was not dispensed as prescribed by the doctor and or was missed. There were not any notes explaining the extra pills remaining in the bubble pack. This was observed with four different medications from the centrally stored medication log.</p> <p>Based on the observations made during today's visit, two (2) deficiencies and one (1) technical violation were cited per Title 22, Division 6, of the California Code of Regulations.</p> <p>An exit interview was conducted, and this report (LIC809), (LIC809C), (LIC809D) LIC9102TV, and appeal rights was discussed and provided to Mary Grace Matutino, Caregiver.</p>

NAME OF LICENSING PROGRAM MANAGER: Nedra Brown	
NAME OF LICENSING PROGRAM ANALYST: Lavette Farlow	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 11/17/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 11/17/2025
---	-------------------------

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
--	--

FACILITY NAME: HALCYON PLACE I **FACILITY NUMBER:** 366426141
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 11/17/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87465(h)(4)	
--	---------------	----------------------	------------	--------------------	--

Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored: (4) All centrally stored medications shall be labeled and maintained in compliance with state and federal laws. No persons other than the dispensing pharmacist shall alter a prescription label.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on observation and record review, the licensee did not comply with the section cited above in 1
2	out of 3 residents in care by not ensuring and maintaining the centrally store medication log. The month
3	of November centrally stored log was missing medications that were prescribed from previous months.
4	Administrator had to locate the medications listed on a centrally stored log from the prior months:
	August, September, and October which poses an immediate health, safety or personal rights risk to
	persons in care.
POC Due Date: 12/18/2025	
Plan of Correction	
1	Administrator agrees to start maintaining a monthly log of all centrally stored medication and conduct a
2	training with all staff on maintaining the log. Administrator will complete a statement of understanding
3	and training log of all participant to be submitted to LPA by POC due date.
4	

	Type A	Section Cited	CCR	87465(b)	
--	---------------	----------------------	------------	-----------------	--

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, interview and record review, the licensee did not comply with the section cited
2	above in 1 out of 3 residents in care by not ensuring was not dispensed according to the doctors order.
3	The bubble pack was stated to have begin on 10/22/2025 and as of today the bubble pack should only
4	have 3 pill in the pack. LPA observed the medication pack had four or more pills remaining in the pack
	which indicates the medication was not dispensed as prescribed by the doctor and was missed. There
	were not any note explaining the extra pills remaining in the bubble pack. This was observed with four
	different medications from the centrally stored medication log which poses an immediate health, safety
	or personal rights risk to persons in care.
POC Due Date: 12/17/2025	
Plan of Correction	
1	Administrator agrees to conduct a training with all staff regarding medication error and proper
2	dispensing of medications. Administrator will complete a statement of understanding and training log of
3	all participant to be submitted to LPA by POC due date.
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:	Lavette Farlow

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/17/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/17/2025