

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366426335
Report Date: 06/04/2026
Date Signed: 06/04/2026 12:37:23 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
FACILITY EVALUATION REPORT	

FACILITY NAME:	KNOLLS WEST ASSISTED LIVING	FACILITY NUMBER:	366426335
ADMINISTRATOR/TERRONSAY WHALEY		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	16890 GREEN TREE BLVD.	TELEPHONE:	(760) 245-0107
CITY:	VICTORVILLE	STATE: CA	ZIP CODE: 92395
CAPACITY: 64		CENSUS: 54	DATE: 06/04/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	09:05 AM
MET WITH:	Janeth Gonzalez, Assistant Administrator	BEGAN: TIME VISIT/INSPECTION	12:50 PM
		COMPLETED:	

NARRATIVE	
1	On 6/04/2026 at 09:05 AM, Licensing Program Analyst (LPA) Eldin Serrano made an unannounced visit to the facility. The purpose of the visit was to conduct a required comprehensive annual inspection LPA met with Assistant Administrator (AA) Janeth Gonzalez and was granted entry to the facility.
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5	The facility is a thirty two (32) bedrooms with thirty two (32) bathroom facility with a kitchen/dining area, living room/activity room. The facility is Residential Care Facility for the Elderly (RCFE). The facility is licensed for a capacity of sixty four (64) non-ambulatory and seventeen (17) hospice care and the current census is fifty four (54) residents. LPA was accompanied by AA to conduct a general overall inspection, which included, but was not limited to the following:
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9	<u>Physical Plant:</u> The facility is operating in the capacity approved by Community Care Licensing Division (CCLD). There are no obstructions to indoor and outdoor passageways. The facility is maintained at a comfortable temperature of 76 degrees Fahrenheit. LPA inspected resident bedrooms; they are equipped with required furniture such as: mattresses, nightstands, 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 bathroom to be at 111 degrees F at Room #20 113.3 degrees F at room#3 and 109 degrees F at room #18 . The facility is equipped with operating smoke detectors and carbon monoxide alarms. Fire alarms was serviced by TRL system on 5/30/2026. Seven (7) fire extinguishers were also observed at the facility. Posters such as personal rights, the CCLD complaint poster, labor laws, and the disaster plan were posted in a common area. LPA observed that the emergency phone numbers are not posted in a location visible for both staff and resident. Technical violation issued.
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NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Eldin Serrano

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/04/2026

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.

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: KNOLLS WEST ASSISTED LIVING

FACILITY NUMBER: 366426335

VISIT DATE: 06/04/2026

NARRATIVE	
1	Cleaning supplies, toxins, sharps, and other dangerous items were kept inaccessible to residents in
2	care. There was a designated storage space for resident/staff files. There is a Medicine Room with the
3	resident's medications locked. LPA observed complete first aid kit at the facility.
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5	<u>Food Service:</u> More than seven (7) days' supply of Non-perishable foods and more than two (2) days'
6	supply of perishable food supply were observed and sufficient for the number of residents in care.
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8	<u>Care & Supervision:</u> The facility has an Assistant Administrator present in the facility with enough hours
9	to appropriately manage the facility. The facility has sufficient number of staff to provide care and
10	supervision to the residents in care.
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12	<u>Record Review:</u> LPA reviewed four (4) resident files for admission agreements, updated physician
13	reports, pre-placement appraisals and needs and services plans. LPA observed resident files reviewed
14	were complete. LPA reviewed three (3) staff files for First Aid/CPR certification, criminal record
15	clearance, trainings, and health screenings. LPA observed that staff #3(S3) do not have an updated
16	CPR. Deficiency issued. Medications/Medication Administration Record (MAR) were audited, no issues
17	observed.
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19	Based on the observations made during today's visit, one (1) deficiency and a technical violation were
20	cited per Title 22, Division 6, of the California Code of Regulations.
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22	An exit interview was conducted, and this report LIC809, LIC809C, LIC809D, LIC9102 forms and Appeal
23	rights were discussed and provided to Assistant Administrator Janeth Gonzalez.
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NAME OF LICENSING PROGRAM MANAGER: Karen Clemons	
NAME OF LICENSING PROGRAM ANALYST: Eldin Serrano	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/04/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/04/2026

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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: KNOLLS WEST ASSISTED LIVING**FACILITY NUMBER:** 366426335**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 06/04/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	HSC	1569.618(c)(3)	
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Other Provisions

(c)The facility shall employ, and the administrator shall schedule, a sufficient number of staff members to do all of the following: (3) Ensure that at least one staff member who has cardiopulmonary resuscitation (CPR) training and first aid training is on duty and on the premises at all times. This paragraph shall not be construed to require staff to provide CPR.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1 2 3 4	Based on observation, record review, the licensee did not comply with the section cited above by not ensuring that staff#3 (S3) has an updated CPR training which poses a potential health, safety or personal rights risk to persons in care.
POC Due Date: 06/11/2026	
Plan of Correction	
1 2 3 4	Licensee will submit the updated CPR certificate on plan of correction (POC) due date.

		Section Cited			
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Deficient Practice Statement	
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POC Due Date:	
Plan of Correction	
1 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:	Karen Clemons
NAME OF LICENSING PROGRAM ANALYST:	Eldin Serrano
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 06/04/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
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