

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366426413
Report Date: 06/22/2026
Date Signed: 06/22/2026 03:19:08 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
FACILITY EVALUATION REPORT	

FACILITY NAME:	APPLE GARDEN SENIORS	FACILITY NUMBER:	366426413
ADMINISTRATOR/DIRECTOR:	GEORGE KARKALETSIS	FACILITY TYPE:	740
ADDRESS:	12994 RINCON RD.	TELEPHONE:	(760) 240-2600
CITY:	APPLE VALLEY	STATE:	CA
CAPACITY:	6	ZIP CODE:	92308
TYPE OF VISIT:	Required - 1 Year	CENSUS:	6
		DATE:	06/22/2026
		UNANNOUNCED TIME VISIT/INSPECTION	09:50 AM
		BEGAN:	
MET WITH:	George Karkaletsis	TIME VISIT/INSPECTION	03:25 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Magda Malcore made an unannounced visit to the facility to conduct a required comprehensive annual inspection. LPA was granted entry into the facility and met with Administrator, George Karkaletsis.
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5	The facility is a Residential Care Facility for Elderly (RCFE) with a license capacity of (6), and a current census of (6). LPA conducted a general inspection of facility, which included, but was not limited to, the following:
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9	<u>Operation/Physical Plant:</u> Indoor and outdoor passageways were kept free of obstruction. The facility has no swimming pools or similar bodies of water. The facility's outdoor activity space is shaded and protected by self-latching gates. The facility is maintained at a temperature of 74 degrees fahrenheit(F). Resident bedrooms were furnished with beds, night stands, chairs, bed linen and bedroom lighting. Resident bathroom fixtures were operating properly. The hot water temperatures in the bathrooms measured at 105 degrees (F). The facility is equipped with fully charged fire extinguisher, smoke/carbon monoxide alarms, night lights, door signal system, emergency supplies/water, laundry equipment, and telephone service. The facility has posted in a common area: Ombudsman poster, facility license, evacuation plan and emergency telephone numbers. Sharps and cleaning supplies were kept locked and inaccessible to residents in care. An emergency&disaster plan, infection control plan, and liability insurance is maintained at the facility.
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21	<u>Food Service:</u> The facility's kitchen area was maintained cleaned. A 7-day supply of non-perishable and a 2-day supply of perishable foods was maintained at the facility. The facility maintains a sample menu for review.
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25	<u>Care & Supervision:</u> The facility staff schedule reflects 24 hours a day, 7 days a week staff coverage.

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons

NAME OF LICENSING PROGRAM ANALYST: Magda Malcore

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/22/2026

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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FACILITY NAME: APPLE GARDEN SENIORS

FACILITY NUMBER: 366426413
VISIT DATE: 06/22/2026

NARRATIVE	
1	<u>Health Related Services:</u> Resident medications were centrally stored in a locked cabinet. The facility maintains a first kit with manual. Review of medications for four (4) residents reveals, the facility utilizes a Medication Administration Record (MAR) to document when residents medication are administered by staff. Resident #1 (R1), Resident#2 (R2), and Resident #3 (R3) had prescribed medications in their medication basket that was not listed/maintained on their MAR.
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NAME OF LICENSING PROGRAM MANAGER: Karen Clemons	
NAME OF LICENSING PROGRAM ANALYST: Magda Malcore	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/22/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/22/2026

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: APPLE GARDEN SENIORS

FACILITY NUMBER: 366426413

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/22/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	HSC	1569.625(b)(2)	

Other Provisions	
(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.	
This requirement is not met as evidenced by:	

	Deficient Practice Statement
1	Based on LPA observations, the licensee did not comply with the section cited above by staff#2 (S2) did not have annual Dementia, Postural supports and hospice care training on file; which poses/posed a potential health, safety or personal rights risk to persons in care.
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	POC Due Date: 07/06/2026
	Plan of Correction
1	The Administrator has agreed to provide staff training on the above topics and provide documentaton of training to the licensing agency by 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:	Magda Malcore
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 06/22/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 06/22/2026

Created By: Magda Malcore On 06/22/2026 at 01:22 PM
Link to Parent Document Below:

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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	HSC	1569.69(b)	
Other Provisions					
(b) Each employee who received training and passed the examination required in paragraph (5) of subdivision (a), and who continues to assist with the self-administration of medicines, shall also complete eight hours of in-service training on medication-related issues in each succeeding 12-month period.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on record review, the licensee did not comply with the section cited above by Staff#1(S1) who administer medication to residents did not have annual medication training on file; which poses/posed a potential health, safety or personal rights risk to persons in care.				
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	POC Due Date: 07/06/2026				
	Plan of Correction				
1	The Administrator has agreed to provide staff training on the above and provide documentaton of training to the licensing agency by POC due date.				
2					
3					
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	Type B	Section Cited	CCR	87465(a)(6)	

Incidental Medical and Dental Care Services					
(6) When requested by the prescribing physician or the Department, a record of dosages of medications which are centrally stored shall be maintained by the facility.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on record review, the licensee did not comply with the section cited above by staff did not maintaining an accurate record of dosages of medications for resident #1, resident#2, and resident#3; which poses/posed a potential health, safety or personal rights risk to persons in care.				
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	POC Due Date: 07/06/2026				
	Plan of Correction				
1	The Administrator has agreed to provided staff training on medication management & documentation and provide proof of training by POC due date.				
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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:	Magda Malcore

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/22/2026

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FACILITY REPRESENTATIVE SIGNATURE:

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LIC809 (FAS) - (06/04)

Page: 5 of 6

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

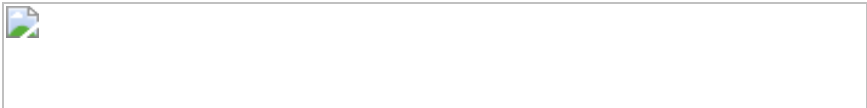
		Section Cited			
	Deficient Practice Statement				
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	POC Due Date:				
	Plan of Correction				
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	Type B	Section Cited	CCR	87633(b)(4)	

(b) A current and complete hospice care plan shall be maintained in the facility for each hospice resident and include the following: (4) A description of the licensee's area of responsibility for implementing the plan including, but not limited to, facility staff duties; record keeping; and communication with the hospice agency, resident's physician, and the resident's responsible person(s), if any. This description shall include the type and frequency of the tasks to be performed by the facility.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on record review, the licensee did not comply with the section cited above by not maintaining a current and complete hospice care plan for resident# 4(R4) which poses/posed a potential health, safety or personal rights risk to persons in care.
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	POC Due Date: 07/06/2026
	Plan of Correction
1	The Administrator has agreed to provide documentation of R4's current hospice plan to the licensing agency by POC due date.
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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	Karen Clemons
MANAGER:	
NAME OF LICENSING PROGRAM	Magda Malcore
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
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