

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366426751
Report Date: 11/17/2025
Date Signed: 11/17/2025 12:42:42 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:	EVANS ELDERLY RESIDENTIAL CARE	FACILITY NUMBER:	366426751
ADMINISTRATOR/EVANS, KELLY		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	13947 CASTILLE ST.	TELEPHONE:	(760) 261-4241
CITY:	VICTORVILLE	STATE: CA	ZIP CODE: 92392
CAPACITY: 6		CENSUS: 2	DATE: 11/17/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	09:45 AM
		BEGAN:	
MET WITH:	Licensee/Administrator- Kelly Evans	TIME VISIT/INSPECTION	01:04 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Michelle Echeverria arrived unannounced to conduct the required annual visit to the facility. LPA met with Licensee/Administrator, Kelly Evans and introduced self and stated purpose of the visit. LPA was informed that there is 1 resident home and 1 resident out in the community.
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5	The facility has 4 bedrooms, 2 bathrooms, kitchen, 2 dining areas, living room, family room with an inaccessible fireplace, office room, laundry room, backyard, and attached garage. LPA completed a walk through of facility and review of records and medication audit with Licensee, Kelly Evans.
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9	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 of 73 degrees fahrenheit. LPA inspected resident bedrooms; they are equipped with required furniture such as: mattresses, night stands, storage space, chairs and sufficient lighting. LPA inspected resident bathrooms; bathrooms were clean and appliances were found functional. Water temperatures tested at 120 degrees fahrenheit. The facility is equipped with operational smoke detectors, carbon monoxide alarms, charged fire extinguisher and first aid kit. Posters such as; the personal rights, CCL complaint poster, visiting policy, and ombudsman were posted in a common area. Cleaning supplies, toxins, sharps, and other dangerous items were kept locked and inaccessible to residents. There was a designated storage space for resident/staff files. Medications was observed locked and inaccessible to residents. There is no swimming pool, bodies of water, firearms or ammunition in the facility.
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22	Food Service: Non-perishable and perishable food supply is sufficient for residents in care. Dishes, cups, and utensils were also stored properly.
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NAME OF LICENSING PROGRAM MANAGER: Nedra Brown
NAME OF LICENSING PROGRAM ANALYST: Michelle Echeverria

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 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 III, 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: Michelle Echeverria On 11/17/2025 at 11:38 AM
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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: EVANS ELDERLY RESIDENTIAL CARE

FACILITY NUMBER: 366426751

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/17/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	HSC	1569.605	
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Other Provisions

On and after July 1, 2015, all residential care facilities for the elderly, except those facilities that are an integral part of a continuing care retirement community, shall maintain liability insurance covering injury to residents and guests in the amount of at least one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) in the total annual aggregate, caused by the negligent acts or omissions to act of, or neglect by, the licensee or its employees.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, interview and record review, the licensee did not comply with the section cited above by not having an active liability insurance which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 11/18/2025
	Plan of Correction
1 2 3 4	Licensee stated that she will renew her liability insurance and provide proof to LPA via email by POC due date.

		Section Cited			
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	Deficient Practice Statement
1 2 3 4	
	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.

Nedra Brown

NAME OF LICENSING PROGRAM
MANAGER:
NAME OF LICENSING PROGRAM
ANALYST:
LICENSING PROGRAM ANALYST SIGNATURE:

Michelle Echeverria



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

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87470(c)	
Infection Control Requirements					
(c) An Infection Control Plan shall be developed by the licensee and shall be included in the Plan of Operation required by Section 87208.					
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 by not having an infection control plan which poses a potential health, safety or personal rights risk to persons in care.				
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	POC Due Date: 11/24/2025				
	Plan of Correction				
1	Licensee stated that she will complete LIC9282 and send proof to LPA via email by POC due date.				
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	Type B	Section Cited	CCR	87211(a)(1)	

Reporting Requirements

(1) A written report shall be submitted to the licensing agency and to the person responsible for the resident within seven days of the occurrence of any of the events specified in (A) through (D) below. This report shall include the resident's name, age, sex and date of admission; date and nature of event; attending physician's name, findings, and treatment, if any; and disposition of the case.

This requirement is not met as evidenced by:

Deficient Practice Statement

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Based on observation, interview, and record review, the licensee did not comply with the section cited above by not sending the resident's death report LIC624A to the regional office which posed a potential health, safety or personal rights risk to persons in care.

POC Due Date: 11/20/2025	
Plan of Correction	
1	Licensee stated that she will send LIC624A to the regional office through fax and provide proof to LPA via email by POC due date. Licensee will also submit a statement of understanding on regulation cited and send proof to LPA via email 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:	Nedra Brown
NAME OF LICENSING PROGRAM ANALYST:	Michelle Echeverria
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 11/17/2025
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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87412(d)	
Personnel Records					
(d) The licensee shall maintain documentation that an administrator has met the certification requirements specified in Section 87406, Administrator Certification Requirements or the recertification requirements in Section 87407, Administrator Recertification Requirements.					
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 above by not having an active administrator's certificate which poses a potential health, safety or personal rights risk to persons in care.				
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POC Due Date: 11/20/2025					
Plan of Correction					
1	Licensee stated that she will complete the required missing CEUs and renew her certificate. Licensee stated that she will submit a statement of understanding on regulation cited to LPA via email by POC due date.				
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Type B Section Cited CCR 87506(b)					
Resident Records					
(b) Each resident's record shall contain at least the following information:					

This requirement is not met as evidenced by:

Deficient Practice Statement	
1 2 3 4	Based on observation and record review, the licensee did not comply with the section cited above by not having complete resident records which poses a potential health, safety or personal rights risk to persons in care.
POC Due Date: 11/24/2025	
Plan of Correction	
1 2 3 4	Licensee stated that she will complete all the missing items on LIC311F section 1 for each resident and send proof to LPA via email by POC due date.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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NAME OF LICENSING PROGRAM ANALYST:	Michelle Echeverria
LICENSING PROGRAM ANALYST SIGNATURE:	
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	Type B	Section Cited	CCR	87458(c)(1)(A)	
Medical Assessment					
(c) The medical assessment shall include, but not be limited to: (1) A physical examination of the resident indicating the licensed medical professional's diagnosis or diagnoses and results of an examination for all of the following: (A) Communicable tuberculosis.					
This requirement is not met as evidenced by:					
Deficient Practice Statement					
1 2 3 4	Based on observation, interview and record review, the licensee did not comply with the section cited above by not having proof of the 2 residents TB tests which poses a potential health, safety or personal rights risk to persons in care.				
POC Due Date: 11/24/2025					
Plan of Correction					
1 2	Licensee stated that she will obtain the 2 residents TB tests along with the results and send proof to LPA via email by POC due date.				

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	Type B	Section Cited	HSC	1569.695(a)(2)	

Other Provisions

(a) In addition to any other requirement of this chapter, a residential care facility for the elderly shall have an emergency and disaster plan that shall include, but not be limited to, all of the following: (2) Plans for the facility to be self-reliant for a period of not less than 72 hours immediately following any emergency or disaster, including, but not limited to, a short-term or long-term power failure. If the facility plans to shelter in place and one or more utilities, including water, sewer, gas, or electricity, is not available, the facility shall have a plan and supplies available to provide alternative resources during an outage.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, interview and record review, the licensee did not comply with the section cited above by not having emergency kits which poses a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 11/20/2025
	Plan of Correction
1 2 3 4	Licensee stated that she will purchase emergency kits and send proof to LPA via email by POC due date.

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.695(d)	
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Other Provisions

(d) A facility shall review the plan annually and make updates as necessary, including changes in floor plans and the population served. The licensee or administrator shall sign and date documentation to indicate that the plan has been reviewed and updated as necessary.

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 by not having an emergency disaster plan which poses a potential health, safety or personal rights risk to persons in care.
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	POC Due Date: 11/24/2025
	Plan of Correction
1	Licensee stated that she will complete LIC610E and send proof to LPA via email 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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NARRATIVE	
1	Yards/Outside: One shaded patio, side gate with self-latching handle on the left and right side of the house that leads into the backyard.
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4	Record Review: LPA reviewed staff and administrator file for First Aid/CPR certification, criminal record clearance, trainings, and health screenings. LPA discovered that the administrator's certificate expired and was not been renewed. Deficiency issued. LPA reviewed resident files for admission agreements, updated physician reports, and needs and services plans. LPA discovered that the licensee did not have complete resident files for all residents. Deficiency issued. LPA discovered that the 2 resident files did not proof of TB testing. Deficiency issued. LPA discovered that a death report was not sent to the
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10 regional office for a resident's passing. Deficiency issued. Medications were audited and appeared to be
11 managed appropriately. LPA reviewed facility's file for disaster drills, emergency disaster plan, infection
12 control plan, and insurance policy. LPA observed that the Licensee did not have a copy of the infection
13 control plan. Deficiency issued. LPA discovered that the licensee did not have emergency kits.
14 Deficiency issued. LPA observed that the licensee did not have an emergency disaster plan. Deficiency
15 issued.
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17 Deficiencies were cited during this visit. An exit interview was conducted where this report LIC809,
18 LIC809C, LIC809D, and appeal rights were discussed and copies were provided to
19 Licensee/Administrator, Kelly Evans.
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NAME OF LICENSING PROGRAM MANAGER: Nedra Brown	
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