

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366426757
Report Date: 09/18/2024
Date Signed: 09/18/2024 03:31:19 PM

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|--------------------------------------------------------|-------------------------|------------------------------------------|----------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES | |
| FACILITY EVALUATION REPORT | | COMMUNITY CARE LICENSING DIVISION | |
| | | SAN BERNARDINO, 1650 SPRUCE ST STE 200 | |
| | | MS29-27 | |
| | | RIVERSIDE, CA 92507 | |
| FACILITY NAME: LIGHTSHINE HOME CARE | | FACILITY NUMBER: | 366426757 |
| ADMINISTRATOR/ABIGAIL NAVARRO | | FACILITY TYPE: | 740 |
| DIRECTOR: | | TELEPHONE: | (909) 931-1568 |
| ADDRESS: 1400 PURDUE STREET | STATE: CA | ZIP CODE: | 91786 |
| CITY: UPLAND | CENSUS: 6 | DATE: | 09/18/2024 |
| CAPACITY: 6 | UNANNOUNCED TIME VISIT/ | INSPECTION | 01:40 PM |
| TYPE OF VISIT: Required - 1 Year | BEGAN: | TIME VISIT/ | INSPECTION |
| MET WITH: Maria Agnes Cordero-Caregiver | COMPLETED: | | 04:00 PM |

| NARRATIVE | |
|-----------|----------------------------------------------------------------------------------------------------------------|
| 1 | Licensing Program Analysts (LPAs) Paola Guerreron and Beena Singh made an unannounced visit to |
| 2 | the facility. The purpose of the visit was to conduct a required comprehensive annual inspection. LPAs |
| 3 | met with Facility Caregiver Maria Agnes Cordero, and was granted entry to the facility. At the time of the |
| 4 | visit there was two (2) staff present, and six (6) residents present. The facility is a six (6) bedroom, three |
| 5 | (3), bathroom home, with a kitchen/dining area, living room, and attached garage. The facility is a |
| 6 | Residential Care Facility for Elderly (RCFE) Licensed capacity is (6) current census (6). LPAs was |
| 7 | accompanied by Facility caregiver, to conduct a general overall inspection, which included, but was not |
| 8 | limited to, the following: |
| 9 | |
| 10 | <u>Physical Plant:</u> 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. LPAs inspected resident's bedrooms; they are equipped with required furniture |
| 13 | such as: mattresses, night stands, storage space, and sufficient lighting; bathrooms were clean, and |
| 14 | appliances were operating appropriately. LPAs observed sufficient furniture and lighting throughout the |
| 15 | facility. LPAs measured and observed the water temperatures in the bathrooms to be 113.4 degrees F |
| 16 | The facility is equipped with operating smoke detectors and carbon monoxide alarms. During the |
| 17 | inspection LPAs observed a jacuzzi located in the backyard. LPAs observed that the jacuzzi was |
| 18 | secured and locked. Posters such as personal rights, the CCL complaint poster, and the disaster plan |
| 19 | were posted in a common area. Cleaning supplies, toxins, sharps, and other dangerous items were kept |
| 20 | inaccessible to residents in care. There was a designated storage space for resident/staff files. |
| 21 | Medications are kept inside medication closet inaccessible to residents in care. Overall, the facility is |
| 22 | clean, in good repair, and operating in safe conditions for residents in care. |
| 23 | |
| 24 | <u>Food Service:</u> Non-perishable and perishable food supply is sufficient for number of residents in care. |
| 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: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Paola Guerrero
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/18/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/18/2024

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

LIC809 (FAS) - (06/04)

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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 (Cont)

FACILITY NAME: LIGHTSHINE HOME CARE

FACILITY NUMBER: 366426757

VISIT DATE: 09/18/2024

NARRATIVE

- 1 Record Review: LPAs reviewed six (6) resident files for admission agreements, updated physician
- 2 reports, and needs and services plans. LPAs also reviewed two (2) 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.
- 5
- 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.
- 8
- 9 An exit interview was conducted, and this report (LIC809) was discussed and provided to Facility
- 10 Caregiver Maria Agnes Cordero.
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NAME OF LICENSING PROGRAM MANAGER: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Paola Guerrero
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/18/2024

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