

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 100400544
Report Date: 05/19/2026
Date Signed: 05/19/2026 11:55:39 AM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 05/12/2026 and conducted by Evaluator Daiquiri Boyd

	COMPLAINT CONTROL NUMBER: 24-AS-20260512112521
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FACILITY NAME:	TERRACES AT SAN JOAQUIN GARDENS, THE	FACILITY NUMBER:	100400544
ADMINISTRATOR:	CASE, ALEXIS	FACILITY TYPE:	741
ADDRESS:	5555 NORTH FRESNO STREET	TELEPHONE:	(559) 439-4770
CITY:	FRESNO	STATE:	CA
CAPACITY:	652	ZIP CODE:	93710
		CENSUS:	367
		DATE:	05/19/2026
		UNANNOUNCED TIME BEGAN:	09:45 AM
MET WITH:	Valerie Epps	TIME COMPLETED:	12:15 PM

ALLEGATION(S):

1	Staff refuse resident visitors
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Daiquiri Boyd conducted the unannounced 10 Day complaint
2	investigation visit to the facility. During the course of this complaint investigation LPA interviewed staff on
3	duty and obtained and/or reviewed facility records. It was determined based on the interviews and
4	records review that the above allegation is SUBSTANTIATED. The staff did not allow a visitor to see a
5	resident placed in care. Based on LPAs observations and interviews which were conducted and record
6	review(s), the preponderance of evidence standard has been met, therefore the above allegation(s) is
7	found to be SUBSTANTIATED. California Code of Regulations, (Title 22, Division 6 & Chapter number 8),
8	are being cited on the attached LIC 9099D.
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10	
11	
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Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Shawna Doucette

LICENSING EVALUATOR NAME: Daiquiri Boyd
LICENSING EVALUATOR SIGNATURE:

DATE: 05/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/19/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04)
Control Number 24-AS-20260512112521

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

**COMPLAINT INVESTIGATION REPORT
(Cont)**

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
FRESNO RO, 1314 E SHAW AVE
FRESNO, CA 93710

FACILITY NAME: TERRACES AT SAN JOAQUIN GARDENS, THE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 100400544
VISIT DATE: 05/19/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type B 06/02/2026 Section Cited CCR 87468.1(a)(11)	1 2 3 4 5 6 7	Personal Rights of Residents in All Facilities-To have their visitors, including ombudspersons and advocacy representatives, permitted to visit privately during reasonable hours and without prior notice, provided that the rights of other residents are not infringed	1 2 3 4 5 6 7	Facility will conduct the retraining of "Point Staff Personnel" on the Visitation Policy and Resident Personal Rights to ensure regulation is followed. Proof of retraining will be submitted to Licensing by 6/2/26.
	8 9 10 11 12 13 14	infringed upon. This requirement is not met as evidenced by staff did not allow a resident's family member to visit them while placed at the facility; which poses a potential risk to the health, safety, or personal rights risk to the residents in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

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

SUPERVISORS NAME: Shawna Doucette
LICENSING EVALUATOR NAME: Daiquiri Boyd
LICENSING EVALUATOR SIGNATURE:

DATE: 05/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/19/2026