

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 107201156
Report Date: 12/01/2023
Date Signed: 12/04/2023 11:33:59 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SIERRA CASCADE AC/SC, 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 **08/07/2023** and conducted by Evaluator Brianna Miranda

PUBLIC	COMPLAINT CONTROL NUMBER: 24-AS-20230807135519
---------------	---

FACILITY NAME: FAIRWINDS - WOODWARD PARK	FACILITY NUMBER: 107201156
ADMINISTRATOR: VALERO, DESIREE	FACILITY TYPE: 740
ADDRESS: 9525 N FT WASHINGTON RD	TELEPHONE: (559) 434-6444
CITY: FRESNO	ZIP CODE: 93730
CAPACITY: 270	DATE: 12/01/2023
MET WITH: Administrator- Desiree Valero	UNANNOUNCED TIME BEGAN: 01:02 PM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Facility is not storing an adequate amount of food at the facility.
2	Staff are denying food to residents.
3	Staff are serving food that is not of quality.
4	Facility is not following resident's care plan.
5	Facility is not delivering water for residents in care.
6	Facility staff threatened residents with an eviction.
7	Residents are unable to properly maneuver throughout the facility.
8	
9	

INVESTIGATION FINDINGS:

1	On 12/01/23 at 1:21 p.m. Licensing Program Analyst B. Miranda arrived to the facility unannounced to
2	deliver the finding for the allegations listed above. LPA introduced herself and explained the reason for
3	the visit. Administrator (AD) Desire Valero was contacted.
4	
5	1. The Department investigated the allegation: Facility is not storing an adequate amount of food at the
6	facility. LPA interviewed various sources. Some interviewees stated the portions were small however
7	when they requested more food it was given without an issue.
8	
9	2. The Department investigated the allegation: Staff are denying food to residents. LPA interviewed
10	various sources, none of the interviewees' stated food has ever been denied to residents.
11	
12	
13	

Unsubstantiated	Estimated Days of Completion:
------------------------	--------------------------------------

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan
NAME OF LICENSING PROGRAM ANALYST: Brianna Miranda
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 12/01/2023

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 12/01/2023

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 2

Control Number 24-AS-20230807135519

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <h2 style="text-align: center;">COMPLAINT INVESTIGATION REPORT (Cont)</h2>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SIERRA CASCADE AC/SC, 1314 E SHAW AVE FRESNO, CA 93710</p>
--	--

FACILITY NAME: FAIRWINDS - WOODWARD PARK **FACILITY NUMBER:** 107201156
VISIT DATE: 12/01/2023

NARRATIVE	
1	3. The Department investigated the allegation: Staff are serving food that is not of quality. LPA
2	interviewed various sources. Some interviewees stated there was boxed food for a short period of time
3	due to facility having emergency repairs completed.
4	
5	4. The Department investigated the allegation: Facility is not following resident's care plan. LPA
6	interviewed various sources, none of the interviewees stated they have witnessed or heard of resident's
7	care plans not being followed.
8	
9	5. The Department investigated the allegation: Facility is not delivering water for residents in care. LPA
10	interviewed various sources, none of the interviewees stated they have witnessed or heard of residents
11	not being given water during repairs.
12	
13	6. The Department investigated the allegation: Facility staff threatened residents with an eviction. LPA
14	interviewed various sources, none of the interviewees stated they have witnessed or heard of residents
15	being threatened with an eviction.
16	
17	7. The Department investigated the allegation: Residents are unable to properly maneuver throughout
18	the facility. LPA interviewed various sources, some interviewees stated it was difficult to maneuver into
19	the public bathrooms, but not the facility in general.
20	
21	After observation, conducting interviews, and record reviews the following was found for all seven
22	allegations. Although the allegation(s) may have happened or is valid, there is not a
23	preponderance of evidence to prove the alleged violation(s) did or did not occur, therefore the
24	allegation(s) are unsubstantiated.
25	
26	Exit interview was conducted and a copy of this report LIC9099 was provided to AD.
27	
28	
29	
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan
NAME OF LICENSING PROGRAM ANALYST: Brianna Miranda
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 12/01/2023

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 12/01/2023