

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107203197

Report Date: 08/11/2025

Date Signed: 08/11/2025 07:16:43 PM

Document Has Been Signed on 08/11/2025 07:16 PM - It Cannot Be Edited

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
FACILITY EVALUATION REPORT	

FACILITY NAME: VINTAGE GARDENS	FACILITY NUMBER: 107203197
ADMINISTRATOR/GEBBIA, LOUIS DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 540 S. PEACH	TELEPHONE: (559) 252-4036
CITY: FRESNO	STATE: CA
CAPACITY: 158	ZIP CODE: 93727
TYPE OF VISIT: Required - 1 Year	CENSUS: 61
	DATE: 08/11/2025
	UNANNOUNCED TIME VISIT/ INSPECTION
	BEGAN: 08:30 AM
MET WITH: Louis Gebbia	TIME VISIT/ INSPECTION
	COMPLETED: 07:35 PM

NARRATIVE

- 1 On 8/11/25, Licensing Program Analysts (LPAs) M. Medina and L. Salazar conducted an unannounced
- 2 Annual Inspection. LPAs introduced selves, stated purpose of visit, and were allowed entry. LPAs
- 3 conducted facility tour with Executive Director, Louis Gebbia. LPA Salazar did file review for residents
- 4 and documented on a separate report.
- 5
- 6 Facility observed to be clean, odor free and a comfortable temperature. Residents observed throughout
- 7 the community in library, common lounge areas participating in various activities, or relaxing in their
- 8 rooms. Facility has adequate seating available for all residents. Kitchen toured, facility receives food
- 9 delivery 2 times per week. LPAs observed a 2-day supply of perishable and 7-day supply of non-
- 10 perishable food available as well as Emergency Supply food. Daily menus are posted in dining areas
- 11 with alternate options available. During facility tour, LPAs observed oxygen tanks unsecured and placed
- 12 under table in Medication Room.
- 13
- 14 LPA toured resident bedrooms #124, #135, #214, #224 and #233, water temperature measured and
- 15 ranged from 117 degrees F to 119 degrees F. LPAs observed grab bars and non-skid surfaces in all of
- 16 the resident bathrooms toured.
- 17
- 18 Facility is equipped with fire pull stations throughout both buildings. Fire extinguisher all have current
- 19 service dates of 06/04/2025. Carbon monoxide detectors observed operational during today's visit. Fire
- 20 drills conducted monthly, last fire drill conducted on 7/18/25 according to facility records.
- 21
- 22
- 23 Outside of facility toured, all exits open free of obstruction. Facility has shade and seating available for
- 24 residents,
- 25

NAME OF LICENSING PROGRAM MANAGER: Sergiy Pidgirny
NAME OF LICENSING PROGRAM ANALYST: Melinda Medina

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 08/11/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 08/11/2025

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 Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710
--	---

FACILITY NAME: VINTAGE GARDENS

FACILITY NUMBER: 107203197

VISIT DATE: 08/11/2025

NARRATIVE	
1	Staff files reviewed. Staff files for R2, R3, and R5 were fingerprint cleared but not associated to facility,
2	all 3 staff were not present at time of inspection visit. Staff files for R1, R2, R4, R5, and R6 did not
3	contain health screenings.
4	
5	Resident files reviewed by LPA Salazar are documented on 809 Annual Continuation deficiencies will be
6	cited on inspection tool.
7	
8	Facility does not have a current plan of operation on site or Emergency Disaster binder for review.
9	Facility exit plans observed to be missing information and need to be updated.
10	
11	Based on today's visit, deficiencies are being cited, per California Code of Regulations, Title 22, Division
12	6, Chapter 8 on the attached 809D. If not corrected, this poses and immediate and potential risk to the
13	health, safety and or personal rights of residents in care. Immediate Civil penalties in the amount of
14	\$500 are being assessed for fingerprint transfer clearance.
15	
16	
17	Exit interview conducted. Appeal rights provided. A copy of report provided to Administrator via e-mail.
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Sergiy Pidgirny	
NAME OF LICENSING PROGRAM ANALYST: Melinda Medina	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/11/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/11/2025
---	-------------------------

Document Has Been Signed on 08/11/2025 07:16 PM - It Cannot Be Edited

Created By: Melinda Medina On 08/11/2025 at 06:13 PM
Link to Parent Document Below:

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: VINTAGE GARDENS

FACILITY NUMBER: 107203197

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/11/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)**Type A****Section Cited****CCR****87355(e)(3)****Criminal Record Clearance**

(e) All individuals subject to a criminal record review pursuant to Health and Safety Code Section 1569.17(b) shall prior to working, residing or volunteering in a licensed facility: (3) Request a transfer of a criminal record clearance as specified in Section 87355(c) or

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 in 3 out of 6 persons
2 which poses an immediate health, safety or personal rights risk to in care.
3
4

POC Due Date: 08/11/2025**Plan of Correction**

1 Administrator completed LIC 9182 Criminal Background Clearance Transfer requests were completed
2 during inspection and faxed to Fresno CCL during inspection visit.
3
4

Type A**Section Cited****HSC****1569.695(a)****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:

This requirement is not met as evidenced by:

Deficient Practice Statement

1 Based on interview, the licensee did not comply with the section cited above in facility does not have a
2 emergency and disaster plan on site which poses an immediate health, safety or personal rights risk to
3 persons in care.
4

POC Due Date: 09/05/2025**Plan of Correction**

1 Emergency and Disaster plan to be developed and a copy to be kept on site. Proof of correction to be
2 submitted to Fresno Regional Office by due date.
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.

**NAME OF LICENSING PROGRAM
MANAGER:**

Sergiy Pidgirny

**NAME OF LICENSING PROGRAM
ANALYST:**

Melinda Medina

LICENSING PROGRAM ANALYST SIGNATURE:

**DATE:** 08/11/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

**DATE:** 08/11/2025

Document Has Been Signed on 08/11/2025 07:16 PM - It Cannot Be Edited

Created By: Melinda Medina On 08/11/2025 at 06:13 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1314 E SHAW AVE FRESNO, CA 93710
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: VINTAGE GARDENS

FACILITY NUMBER: 107203197

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/11/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87606(c)	
--	--------	---------------	-----	----------	--

Care of Bedridden Residents

(c) To accept or retain a person who is bedridden, other than for a temporary illness or recovery from surgery, a licensee shall obtain and maintain an appropriate fire clearance as specified in Section 87202, Fire Clearance.

This requirement is not met as evidenced by:

Deficient Practice Statement

1	Based on interview,, the licensee did not comply with the section cited above in persons are unable to reposition in bed which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	

POC Due Date: 08/12/2025

Plan of Correction

1	Administrator to submit updated LIC 200 and paperwork to request fire clearance for bedridden
2	
3	
4	

	Type A	Section Cited	CCR	87618(b)(3)(E)	
--	--------	---------------	-----	----------------	--

Oxygen Administration - Gas and Liquid

(3) Ensuring that the use of oxygen equipment meets the following requirements: (E) Oxygen tanks that are not portable shall be secured in a stand or to the wall.

This requirement is not met as evidenced by:

Deficient Practice Statement

1	Based on observation, the licensee did not comply with the section cited above in LPA observed 2 unsecured oxygen tanks under the desk in medication room which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	

POC Due Date: 08/11/2025

Plan of Correction

1	Company was called to pick up oxygen tanks from facility. Proof of correction to be submtted to Fresno Regional Office by due date.
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.

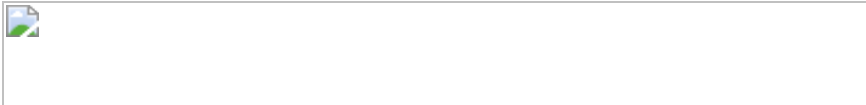
NAME OF LICENSING PROGRAM MANAGER:	Sergiy Pidgirny
NAME OF LICENSING PROGRAM ANALYST:	Melinda Medina



DATE: 08/11/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/11/2025

Document Has Been Signed on 08/11/2025 07:16 PM - It Cannot Be Edited

Created By: Melinda Medina On 08/11/2025 at 06:13 PM
 Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1314 E SHAW AVE FRESNO, CA 93710
--	--

FACILITY NAME: VINTAGE GARDENS

FACILITY NUMBER: 107203197

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/11/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87412(a)(11)	
--	---------------	----------------------	------------	---------------------	--

Personnel Records

(a) The licensee shall ensure that personnel records are maintained on the licensee, administrator and each employee. Each personnel record shall contain the following information: (11) A health screening as specified in Section 87411, Personnel Requirements - General.

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 in 5 out of 6 staff files reviewed were missing health screenings which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 09/05/2025
	Plan of Correction
1	Administrator shall ensure that all staff who require health screening have one placed in employee files. Proof of correction to be submitted to Fresno Regional Office by due date.
2	
3	
4	

	Type B	Section Cited	CCR	87458(c)(7)	
--	---------------	----------------------	------------	--------------------	--


Medical Assessment

(c) The medical assessment shall include, but not be limited to: (7) A description of any known behavioral expression as defined in Section 87101, Definitions.


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 in 4 out of 5 residents did not have the new medical assessment that includes behavioral expression which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 09/05/2025
	Plan of Correction
1	Administrator to ensure that all residents files have the updated LIC 602A on file. Proof of correction to be submitted to Fresno Regional office by due date.
2	

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:	Sergiy Pidgirny
NAME OF LICENSING PROGRAM ANALYST:	Melinda Medina
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 08/11/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 08/11/2025

Document Has Been Signed on 08/11/2025 07:16 PM - It Cannot Be Edited

Created By: Melinda Medina On 08/11/2025 at 06:13 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION 1314 E SHAW AVE FRESNO, CA 93710
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: VINTAGE GARDENS

FACILITY NUMBER: 107203197

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/11/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87463(a)	
--	---------------	----------------------	------------	-----------------	--

Reappraisals

(a) The pre-admission appraisal, as specified in Section 87457, Pre-Admission Appraisal, shall be updated, in writing as frequently as necessary or once every 12 months, whichever occurs first, to note significant changes in condition, as defined in Section 87101, Definitions, and to keep the appraisal accurate. For the purposes of this section, the updated pre-admission appraisal shall be referred to as the reappraisal.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in 7 out of 7 resident files did not have re-appraisals which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 09/05/2025
	Plan of Correction
1 2 3 4	Administrator to ensure that residents have re-appraisals at minimum annually. Proof of correction to be submitted to Fresno Regional office by due date.

	Type B	Section Cited	CCR	87463(b)	
--	---------------	----------------------	------------	-----------------	--



Reappraisals

(b) The reappraisal shall document significant changes in the resident's physical, mental, cognitive, behavioral, or functional condition, including those required to be documented as specified in Section 87466, Observation of the Resident.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in 7 out of 7 resident files to not contain the reappraisals which poses/posed a potential health, safety or personal rights risk to persons in care.
POC Due Date: 09/05/2025	
Plan of Correction	
1 2 3 4	Administrator to ensure that reappraisals contain all required information. Proof of correction to be submitted to Fresno Regional office by 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.

NAME OF LICENSING PROGRAM MANAGER:	Sergiy Pidgirny
NAME OF LICENSING PROGRAM ANALYST:	Melinda Medina
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 08/11/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 08/11/2025