

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 107206929  
Report Date: 08/25/2025  
Date Signed: 08/25/2025 06:23:19 PM

**Substantiated**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1314 E SHAW AVE FRESNO, CA 93710
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/20/2025** and conducted by Evaluator Katie Brown

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 24-AS-20250820163504</b>
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<b>FACILITY NAME:</b> PAINTBRUSH ASSISTED LIVING AND MEMORY CARE	<b>FACILITY NUMBER:</b> 107206929
<b>ADMINISTRATOR:</b> EDWARDS, DEANNE	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 4356 W ASHLAN AVE	<b>TELEPHONE:</b> (559) 275-2000
<b>CITY:</b> FRESNO	<b>ZIP CODE:</b> 93722
<b>CAPACITY:</b> 110	<b>DATE:</b> 08/25/2025
<b>MET WITH:</b> Deanne Edwards	<b>UNANNOUNCED TIME BEGAN:</b> 09:21 AM
	<b>TIME COMPLETED:</b> 12:50 PM

### ALLEGATION(S):

1	Staff dispensed medication(s) not prescribed to residents
2	Staff did not report incident involving residents as required
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Katie Brown arrived unannounced to conduct the initial complaint visit.
2	LPA explained the reason for the visit and discussed the allegations with Administrator (AD) Deanne Edwards. Investigation findings were delivered to the facility during this visit.
3	
4	
5	This Department investigated the allegations above. Interviews were conducted and confirm that on
6	7/21/25, Residents R1 and R2 were given and took the wrong medications. Based on interview and
7	record review of Med Tech chart Notes the incident was not reported to the resident's representatives as
8	required. Additionally, an incident Report was not submitted to CCLD. The preponderance of evidence
9	standard has been met, therefore the above allegations are found to be SUBSTANTIATED.
10	
11	Deficiencies are being cited in accordance with California Code of Regulations on the attached LIC 9099-
12	D.
13	An exit interview was conducted and Plan of Correction was developed. A copy of this report and Appeal Rights were provided.

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Sergiy Pidgirny	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Katie Brown	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 08/25/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 08/25/2025
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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 3  
**Control Number 24-AS-20250820163504**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1314 E SHAW AVE FRESNO, CA 93710
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**FACILITY NAME:** PAINTBRUSH ASSISTED LIVING AND MEMORY CARE **FACILITY NUMBER:** 107206929

**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 08/25/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 08/26/2025 <b>Section Cited</b> CCR 87465(a)(4)	1 87465 Incidental Medical and Dental 2 Care (a) A plan for incidental medical 3 and dental care shall be developed.... 4 (4) The licensee shall assist residents 5 with self-administered medications as 6 needed. 7 This requirement was not met as evidenced by:	1 Licensee's contracted consultat 2 provided in person medication re- 3 training for all medication related staff. 4 Proof of training provided during the 5 visit. 6 DEFICIENCY CLEARED DURING 7 VISIT
	8 Licensee did not ensure residents were 9 assisted with self-administration of 10 medications as needed. Staff MT gave 11 R1 and R2 the wrong medications on 12 7/21/25. 13 This poses an immediate health and 14 safety risk to persons in care.	

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

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Sergiy Pidgirny	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Katie Brown	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 08/25/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 08/25/2025

**Control Number** 24-AS-20250820163504

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1314 E SHAW AVE FRESNO, CA 93710
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**FACILITY NAME:** PAINTBRUSH ASSISTED LIVING AND MEMORY CARE

**FACILITY NUMBER:** 107206929

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 08/25/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/01/2025 <b>Section Cited</b> CCR 87211(a)(1)(D)	1 87211 Reporting Requirements (a) 2 Each licensee... (1) A written report 3 shall be submitted to the licensing 4 agency and to the person responsible... 5 ( D) Any incident which threatens the 6 welfare, safety or health of any 7 resident... This requirement was not met as evidenced by:	1 AD has agreed to notify R1 and R2's 2 Responsible Persons and Physicians of 3 the medication errors. Additionally, a 4 written statement which includes the 5 facility Incident Report procedure and 6 that all reporting has been completed 7 will be submitted. to CCLD by poc date.
	8 Licensee did not ensure a written report 9 was submitted to CCLD for the 10 medication errors which occurred 11 7/21/25. Additionally, the facility did not 12 report the incident to R1 and R2's 13 Responsible Persons or Physicians. 14 This poses a potential health and safety risk to persons in care.	

**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:** Katie Brown  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_ **DATE:** 08/25/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 08/25/2025