

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 107206929  
Report Date: 01/12/2026  
Date Signed: 01/12/2026 06:51:50 PM

### Unsubstantiated

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 **01/02/2026** and conducted by Evaluator Katie Brown

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 24-AS-20260102100338</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>STATE:</b> CA
<b>CAPACITY:</b> 110	<b>ZIP CODE:</b> 93722
	<b>CENSUS:</b> 72
	<b>DATE:</b> 01/12/2026
<b>MET WITH:</b> Deanne Edwards	<b>UNANNOUNCED TIME BEGAN:</b> 11:50 AM
	<b>TIME COMPLETED:</b> 03:30 PM

**ALLEGATION(S):**

1	Staff did not provide activities to residents in care
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Katie Brown arrived unannounced to conduct the initial complaint visit.
2	LPA met with and discussed the allegation with Administrator (AD) Deanne Edwards.
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4	During this visit, LPA conducted interviews and reviewed facility documentation. The facility hosted a holiday celebration on 12/31/25 which included residents, staff and family members. On 1/1/26 though an activity calendar had been posted, Activity Department staff had scheduled time off resulting in the schedule for the day needing to be modified. Other facility staff were available to assist residents with alternative activities. Based on interview and record review the above allegation is UNSUBSTANTIATED.
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9	Although the allegation may have happened or is valid, there is not a preponderance of evidence to prove that the alleged violation did or did not occur.
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12	There were no citations issued.
13	An exit interview was conducted and a copy of this report was provided.

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Sergiy Pidgirny  
**LICENSING EVALUATOR NAME:** Katie Brown  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/12/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/12/2026

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