

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107206929
Report Date: 08/19/2026
Date Signed: 08/19/2026 01:46:28 PM

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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: PAINTBRUSH ASSISTED LIVING AND MEMORY CARE		FACILITY NUMBER:	107206929
ADMINISTRATOR/EDWARDS, DEANNE DIRECTOR:		FACILITY TYPE:	740
ADDRESS: 4356 W ASHLAN AVE		TELEPHONE:	(559) 275-2000
CITY: FRESNO	STATE: CA	ZIP CODE:	93722
CAPACITY: 110	CENSUS: 77	DATE:	08/19/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION	08:30 AM
MET WITH: Heidi Charette, Regional Executive Director		BEGAN:	
		TIME VISIT/ INSPECTION	02:00 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analysts (LPAs) Anna Porter and Mai Yang arrived at the facility unannounced to
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4	LPAs and RED toured the facility inside and out and observed multiple resident rooms. The rooms
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11	
12	LPAs toured the main facility kitchen with the Chef and RED. Flooring was in good repair; necessary
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15	
16	LPAs found the grounds to be well kept with walkways, sitting areas and gardens. Doors and
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18	
19	Deficiencies are being cited in accordance with California Code of Regulations on the attached LIC 809-D.
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21	
22	
23	
24	
25	
	An exit interview was conducted and Plan of Correction was developed. A copy of this report and Appeal Rights were provided to Regional Executive Director (RED) Heidi Charette.

Alexandria Walton
Anna Porter



DATE: 08/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/19/2026

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.

LIC809 (FAS) - (09/23)

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Created By: Anna Porter On 08/19/2026 at 12:54 PM
Link to Parent Document Below:

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: PAINTBRUSH ASSISTED LIVING AND MEMORY CARE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 107206929
VISIT DATE: 08/19/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87303(a)	
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Maintenance and Operation

(a) The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.	
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 LPAs observed debris on the floor and under the sink, a broken cabinet door and debris in the oven of the memory care kitchen. LPAs observed debris and stains on resident's (R1) floor and a small hole in the wall which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 08/28/2026
	Plan of Correction
1	Director agreed to have kitchen and resident's room cleaned and wall patched and will send proof to CCL by the POC date.
2	
3	
4	

	Type B	Section Cited	CCR	87303(e)(2)	
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Maintenance and Operation

(2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C).	
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 LPA's measured water temperatures in several rooms throughout the faciliy. Measured at 104 degrees F in room B3, 101.3F in room 247, 102F in room 241. which poses a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 08/28/2026

Plan of Correction	
1	Director agrees to have water adjusted and will send proof to CCL that water measures in facility between 105 and 120 degrees F by the POC 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:	Alexandria Walton
NAME OF LICENSING PROGRAM ANALYST:	Anna Porter
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 08/19/2026

I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 08/19/2026

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Created By: Anna Porter On 08/19/2026 at 12:56 PM
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FACILITY NUMBER: 107206929

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/19/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87405(d)(2)	
Administrator-Qualifications and Duties. The administrator shall have the knowledge of and ability to conform to applicable laws, rules and regulations.					
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; 4 Fire extinguishers throughout the facility were observed to have a service date of 7/7/2025, which poses a potential health, safety or personal rights risk to persons in care.				
2					
3					
4					
POC Due Date: 08/28/2026					
Plan of Correction					
1	Director agrees to have all fire extinguishers replaced or serviced with a current date. Proof of correction will be submitted to the CCL office by the due date.				
2					
3					
4					
Section Cited					
Deficient Practice Statement					
1					
2					
3					
4					

	POC Due Date:
	Plan of Correction
1	
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:	Alexandria Walton
NAME OF LICENSING PROGRAM ANALYST:	Anna Porter
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 08/19/2026
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