

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 107206939  
Report Date: 08/18/2025  
Date Signed: 08/18/2025 08:00:12 PM

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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>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	KINGSTON BAY SENIOR LIVING	FACILITY NUMBER:	107206939
ADMINISTRATOR/DIRECTOR:	DENNIS, SARAH	FACILITY TYPE:	740
ADDRESS:	6161 W SPRUCE AVE	TELEPHONE:	(559) 479-4700
CITY:	FRESNO	STATE:	CA
CAPACITY:	128	ZIP CODE:	93722
TYPE OF VISIT:	Case Management - Annual Continuation	CENSUS:	93
		DATE:	08/18/2025
		UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 10:30 AM
MET WITH:	Sarah Dennis	TIME VISIT/INSPECTION	COMPLETED: 08:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Katie Brown arrived unannounced to complete the Annual Inspection.
2	LPA met with and explained the reason for the visit with Administrator (AD) Sarah Dennis and Director of
3	Nursing (DON) Jami Young, LVN.
4	
5	During this visit, LPA toured the kitchen which was found to be clean. Culinary staff was preparing for
6	lunch to be served. Walk in refrigerator and freezers were observed at proper temperatures and
7	contained required perishable food. Dry/Non-perishable food was observed and also properly properly
8	stored along with Emergency food and water supply. Cleaning supplies are properly stored and First Aid
9	kit was found to be complete.
10	
11	LPA and DON walked through Memory Care and observed resident apartments and the kitchen.
12	
13	LPA conducted a medication audit with DON as well as a continuation of resident file review. Employee
14	file review was completed as well. Fire and Emergency Drills are in compliance. Infection Control and
15	Emergency/Disaster Plans were reviewed.
16	
17	Deficiencies are being cited in accordance with California Code of Regulations on the attached LIC 809-
18	D.
19	A Civil Penalty is assessed for Repeat Violation on the attached LIC421M
20	
21	
22	<b>LPA requested the following <u>updated</u> forms faxed to CCLD by 9/1/2025 - Designation of Facility</b>
23	<b>Responsibility (Lic308), Administrative Organization (Lic309), Personnel Report (LIC 500), Client</b>
24	<b>Roster (LIC 9020) and Proof of current Liability Coverage.</b>
25	

NAME OF LICENSING PROGRAM MANAGER: Sergiy Pidgirny

**NAME OF LICENSING PROGRAM ANALYST:** Katie Brown

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/18/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/18/2025

**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.

LIC809 (FAS) - (09/23)

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**Created By: Katie Brown On 08/18/2025 at 06:16 PM**  
**Link to Parent Document Below:**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1314 E SHAW AVE FRESNO, CA 93710
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**FACILITY NAME:** KINGSTON BAY SENIOR LIVING

**FACILITY NUMBER:** 107206939

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 08/18/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87465(a)(4)	
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**Incidental Medical and Dental Care Services**

(4) The licensee shall assist residents with self-administered medications as needed.	
This requirement is not met as evidenced by:	
	<b>Deficient Practice Statement</b>
1	Based on record review the licensee did not comply with the section cited above which poses an immediate health, safety or personal rights risk to persons in care. Per med audit with DON: R1 - Cymbalta -Start date (SD) 7/23/25, there should be 6 pills left in the card, there are 4. R2 -Magnesium Oxide SD 7/30/25, there are 11 pills in the med card, there should be 10. MAR not documented for 8/18/25 am dose. These medications were not given as ordered by physician.
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3	
4	
	<b>POC Due Date:</b> 08/19/2025
	<b>Plan of Correction</b>
1	AD has agreed to submit a written statement to include the Med Tech in-service plan - including timeframe by Friday 8/22/25. The statement will be submitted by poc date.
2	
3	
4	

	Type A	Section Cited	CCR	87465(h)(2)	
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**Incidental Medical and Dental Care Services**

(h) The following requirements shall apply to medications which are centrally stored: (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.	
This requirement is not met as evidenced by:	
	<b>Deficient Practice Statement</b>
1	Based on observation, the licensee did not comply with the section cited above which poses an immediate health, safety or personal rights risk to persons in care. Medications were observed unsecured in the following resident apartments by LPA and AD on 7/29/25. The resident Physician Reports state that the resident cannot store or administer own medications. R3 (136), R5 (110), R6 (119B), R7 (124)
2	
3	
4	
	<b>POC Due Date:</b> 08/19/2025
	<b>Plan of Correction</b>

1	AD has agreed to submit a written statement to include that the medications have been removed from the resident apartments. The statement will be submitted bu 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.**

<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> 08/18/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 08/18/2025

LIC809 (FAS) - (06/04)

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**FACILITY NAME:** KINGSTON BAY SENIOR LIVING

**FACILITY NUMBER:** 107206939

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 08/18/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87465(c)(3)	
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**Incidental Medical and Dental Care Services**

(c) If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the resident with self-administration, provided all of the following requirements are met: (3) A record of each dose is maintained in the resident's record. The record shall include the date and time the PRN medication was taken, the dosage taken, and the resident's response.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1 2 3 4	Based on record review, the licensee did not comply with the section cited above, which poses/posed a potential health, safety or personal rights risk to persons in care. LPA and DON conducted a medication Audit. R1's Tylenol 325mg PRN medication documents 7/31/25 on the back of the card. 9 pouches have been used. The MAR only notes on 8/16/25 documentation of the medication dose given to R1. Medications not logged for R1.
	<b>POC Due Date:</b> 09/01/2025
	<b>Plan of Correction</b>
1 2 3 4	AD has agreed to conduct Med Tech in-service on facility medication documentation procedures. A copy of the complete sign in sheet will be submitted to CCL by poc date.

	Type B	Section Cited	CCR	87463(b)	
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**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:

<b>Deficient Practice Statement</b>	
1 2 3 4	Based on interview and record review, the licensee did not comply with the section cited above which poses/posed a potential health, safety or personal rights risk to persons in care. It was disclosed that R2 has a change in skin condition. Staff have documented the status of the condition as healing in facility notes. The facility has not conducted a reappraisal of the change of condition or obtained a updated Medical Assessment to document the skin condition or treatment.
<b>POC Due Date:</b> 09/01/2025	
<b>Plan of Correction</b>	
1 2 3 4	AD has agreed to conduct a reappraisal for R2. The updated Service Plan will be submitted to CCL by poc 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.**

<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> 08/18/2025
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 08/18/2025

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**DEFICIENCY INFORMATION FOR THIS PAGE:**

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**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

Type B	Section Cited	CCR	87608(a)(5)(B)
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**Postural Supports**

(B) Bed rails that extend the entire length of the bed are prohibited except for residents who are currently receiving hospice care and have a hospice care plan that specifies the need for full bed rails.

This requirement is not met as evidenced by:

<b>Deficient Practice Statement</b>	
1 2	Based on observation], the licensee did not comply with the section cited above which poses/posed a potential health, safety or personal rights risk to persons in care. On 7/29 LPA observed full bed rails on

3	R1's hospital bed and they were removed. On 8/18/25, LPA again observed full bedrails placed on R1's hospital bed. R1 does not have Physician orders for any bed rails at this time.
4	
<b>POC Due Date:</b> 09/01/2025	
<b>Plan of Correction</b>	
1	AD has agreed to contact R2's physician to request the use of 1/2 side rails. A copy of the order will be submitted to CCL by poc date.
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	<b>Type B</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87303(a)</b>	
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87303 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:

<b>Deficient Practice Statement</b>	
1	Based on observation, the licensee did not comply with the section cited above which poses/posed a potential health, safety or personal rights risk to persons in care. LPA found rooms 309 and 311 (share a bathroom) to have sticky floors appearing to have dried liquid. The bathroom floor was sticky and wet with urine, covered with groupings and trails of ants. Room 311 laundry basket linens contained ants. The room has a strong musty stench.
2	
3	
4	
<b>POC Due Date:</b> 09/01/2025	
<b>Plan of Correction</b>	
1	AD has agreed to contact a pest control service to have an assessment conducted for ant control. Room 311 will have daily housekeeping until the pest control issue is contained. A written statement with proof of service will be submitted to CCL by poc date.
2	
3	
4	

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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> 08/18/2025

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