

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 107208813
Report Date: 12/18/2025
Date Signed: 12/18/2025 04:47:45 PM

Unfounded

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 11/05/2025 and conducted by Evaluator Martin Vega

	COMPLAINT CONTROL NUMBER: 24-AS-20251105162206
FACILITY NAME: MRS SCOTT'S WHERE HEART IS HOMES-CARMEL BY THE SEA	FACILITY NUMBER: 107208813
ADMINISTRATOR:MAREZ, PHOEUN	FACILITY TYPE: 740
ADDRESS: 292 W TRENTON AVE	TELEPHONE: (559) 298-7992
CITY: CLOVIS	ZIP CODE: 93619
CAPACITY: 6	DATE: 12/18/2025
	UNANNOUNCED TIME BEGAN: 03:30 PM
MET WITH: Administrator - Phoeun Marez	TIME COMPLETED: 05:00 PM

ALLEGATION(S):

1	Licensee does not ensure staff has a background clearance to provide care to residents
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) M Vega conducted an unannounced complaint investigation visit for the purpose of delivering the finding for the above allegations. LPA met with Administrator - Phoeun Marez.
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4	During the course of this investigation LPA reviewed facility files relevant to the complaint investigation, as well as conducting interviews. It was determined that the above allegations: Licensee does not ensure staff has a background clearance to provide care to residents is found to be UNFOUNDED.
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8	Staff per both visits were documents on staff roster. Interviews do not reveal any other names of workers working in the facility there are not associated to facility. Based on the investigation it has been determined the allegations are UNFOUNDED, meaning that the allegations were false, could not have happened or are without a reasonable basis. The complaint has therefore been dismissed.
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13	An exit interview was conducted and a copy of the report provided to Administrator - Phoeun Marez.

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Brenda Chan

LICENSING EVALUATOR NAME: Martin Vega

LICENSING EVALUATOR SIGNATURE:

DATE: 12/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/18/2025

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

LIC9099 (FAS) - (06/04)

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