

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107208836
Report Date: 04/28/2026
Date Signed: 04/28/2026 04:33:15 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: CREST POINTE ASSISTED LIVING-POWERS		FACILITY NUMBER:	107208836
ADMINISTRATOR/KEENE, ALICIA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	2978 POWERS AVENUE	TELEPHONE:	(559) 900-4998
CITY:	CLOVIS	STATE: CA	ZIP CODE: 93619
CAPACITY: 6		CENSUS: 4	DATE: 04/28/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	02:59 PM
MET WITH: Administrator - Alicia Keene		BEGAN:	
		TIME VISIT/INSPECTION	04:40 PM
		COMPLETED:	

NARRATIVE	
1	On 04/28/2026, Licensing Program Analyst (LPA) M Vega arrived unannounced at the above facility to
2	conduct an Annual Inspection. LPA introduced self, stated the purpose of the visit, and was granted
3	entry to the facility. LPA toured the facility with facility Administrator (AD) Alicia Keene.
4	
5	The facility was observed to be at a comfortable temperature, of 75 degrees F. Facility is free of debris,
6	in good repair, and no passageway obstructions or fire hazards were observed. Common areas were
7	properly furnished and well-lit throughout. LPA observed some residents in common area after lunch
8	watching television, others in their rooms resting. Department phone number and infection prevention
9	information signs were posted thought the facility.
10	
11	Inspecting kitchen LPA observed the required 7-day supply of non-perishable food and 2- day supply of
12	fresh perishables to be properly stored. An emergency disaster supply was observed.
13	
14	A fire extinguisher was observed with a service date of 09/23/2025. All six private residents' bedrooms
15	were observed to be at comfortable temperatures. The bathroom's water temperature was tested and
16	recorded reading of 117.5 degrees F.
17	
18	Medications observed to be locked in a cabinet in the common area. LPA reviewed medication records
19	are correct and update at time of inspection. Cleaning supplies were observed to be in a locked cabinet
20	in the storage it the laundry room. An outdoor seating area was observed operational for residents in
21	care. LPA reviewed staff and residents' files.
22	
23	Continuation on LIC 809C
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Alexandria Walton	
NAME OF LICENSING PROGRAM ANALYST: Martin Vega	

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/28/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: CREST POINTE ASSISTED LIVING-POWERS

FACILITY NUMBER: 107208836

VISIT DATE: 04/28/2026

NARRATIVE	
1	Community Care Licensing (CCL) is always striving to have facility files that reflect the most accurate
2	and up to date information for your facility. In an effort to maintain your facility file, please submit the
3	most current and complete forms and/or information as identified below:
4	
5	Residential Care Facility for the Elderly (RCFE)
6	
7	LIC 308 Designation of Facility Responsibility
8	
9	LIC 309 Administrative Organization
10	
11	LIC 400 Affidavit Regarding Client/Resident Cash Resources
12	
13	LIC 402 Surety Bond
14	
15	LIC 500 Personnel Report
16	
17	LIC 610E Emergency And Disaster Plan For Residential Care Facilities For The Elderly
18	
19	LIC 9020 Register of Facility Clients/Residents
20	
21	Copy of current Liability Insurance
22	
23	Copy of current Administrator Certificate
24	
25	Alternate contact information including name, telephone number, & email address.
26	
27	Please submit the above forms/information to Fresno CCL by: 05/08/2026 As an operator of a
28	Community Care Licensed facility it is your responsibility to be aware of and in compliance with all
29	regulations, including Chaptered Legislation. Go to www.cclid.ca.gov to stay updated and informed.
30	
31	No deficiencies issued during this inspection. An exit interview was conducted with Administrator (AD)
32	Alicia Keene.
A copy of this report was given to AD whose signature on this form confirms receipt of these reports.	

NAME OF LICENSING PROGRAM MANAGER: Alexandria Walton	
NAME OF LICENSING PROGRAM ANALYST: Martin Vega	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/28/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/28/2026