

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107208983
Report Date: 02/24/2026
Date Signed: 02/24/2026 06:44:11 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SIERRA CASCADE AC/SC, 1314 E SHAW AVE FRESNO, CA 93710
FACILITY EVALUATION REPORT	

FACILITY NAME:	SUMMERFIELD OF FRESNO	FACILITY NUMBER:	107208983
ADMINISTRATOR/DIRECTOR:	HUNTLEY, ROBERT	FACILITY TYPE:	740
ADDRESS:	6075 N. MARKS	TELEPHONE:	(559) 446-6226
CITY:	FRESNO	STATE:	CA
CAPACITY:	64	ZIP CODE:	93711
TYPE OF VISIT:	Case Management - Deficiencies	CENSUS:	52
	UNANNOUNCED	DATE:	02/24/2026
	TIME VISIT/	INSPECTION	12:53 PM
	BEGAN:		
MET WITH:	Executive Director, Sheree Addison	TIME VISIT/	
		INSPECTION	03:53 PM
		COMPLETED:	

NARRATIVE

1 On 2/24/25 Licensing Program Analyst (LPA) M. Garza completed an unannounced case management
2 visit. LPA met with Business Office Manager, Bryant Ward, explained reason for visit and was permitted
3 entry into the facility. Executive Director, Sheree Addison was contacted and arrived some time later.
4 LPA completed a tour of the facility inside and out. A health and safety check was completed on
5 residents in care. Residents observed in common areas, hallways and in rooms.
6
7 This case management is being conducted for deficiencies found during investigation on complaint #24-
8 AS-20250728163307 and visit conducted on 2/24/26. During review of records it was noted the facility
9 did not supply the Department with incident reports for R1 eloping from the facility on 7/25/25 and
10 8/2/25.
11
12 During visit for complaint listed above LPA observed the following deficiencies while touring the facility:
13 Facility was observed with pad locks on all perimeter gates. Review of records did not show that a
14 proper fire clearance was completed for a locked perimeter.
15
16 Delayed egress door in Garden kitchenette took 38 seconds to open from inside the kitchenette to the
17 outside courtyard area and would not open from the outside to the inside of the facility. This door did not
18 open in the required time posing a harm for residents in care.
19
20 Deficiencies cited per Title 22 on attached 809D. Exit interview completed with Executive Director,
21 Sheree. A plan of correction was developed by ED and reviewed by LPA. A copy of this report,
22 deficiencies and appeal rights provided.
23
24
25

NAME OF LICENSING PROGRAM MANAGER: See Moua
NAME OF LICENSING PROGRAM ANALYST: Mary Garza

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 02/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 02/24/2026

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

LIC809 (FAS) - (06/04)

California Health & Human Services Agency

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California Department of Social Services

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

FACILITY NUMBER: 107208983


DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/24/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<p>Type A 02/25/2026 Section Cited CCR 87202(a)</p>	<p>1 87202 Fire Clearance (a) All facilities shall maintain a fire clearance approved by the city, county, or city and county fire department, or district providing fire protection services, or the State Fire Marshal. Prior to accepting or retaining any of the following types of persons, the applicant or licensee shall notify the licensing agency and obtain an appropriate fire clearance approved by the city, county, or city and county fire department, or district providing fire protection services, or the State Fire Marshal.</p>	<p>1 Licensee will submit the appropriate fire clearance packet to CCL by POC date as proof of correction.</p> <p>2 *****Immediate civil penalty in the amount of \$500 assessed.*****</p>
	<p>8 This requirement was not met as evidence by: LPA observations. The licensee did not comply with the section cited above in that all facility gates were observed with pads locks on them preventing exiting. Review of records indicated the facility did not provide the Department with the proper paperwork to get an appropriate fire clearance approval. This poses an immediate health safety and or personal rights risk to residents in care. *****Immediate civil penalty in the amount of \$500 assessed.*****</p>	
<p>Type A 02/25/2026 Section Cited CCR87705(f)(5)</p>	<p>1 87705 Care of Persons with Dementia (f) Licensees that lock exterior doors or perimeter fence gates shall meet the following initial and continuing requirements: (5) Interior and exterior space shall be available on the facility premises to permit residents with dementia to wander freely and safely.</p>	<p>1 Maintenance Director contacted Vortex for the door that will be serviced on 2/25/26. ED will submit a copy of the service order to CCL by POC date as proof of correction.</p>
	<p>8 This requirement was not met as evidence by: LPA observation. The licensee did not comply in the section</p>	

11 cited above in that Delayed egress door 11
 12 in Garden kitchenette took 38 seconds 12
 13 to open from inside the kitchenette to 13
 14 the outside courtyard area and would 14
 not open from the outside to the inside
 of the facility. This door did not open in
 the required time posing a harm for
 residents in care.

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 See Moua
MANAGER:
NAME OF LICENSING PROGRAM Mary Garza
ANALYST:
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 02/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 02/24/2026

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Created By: Mary Garza On 02/24/2026 at 05:31 PM
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FACILITY NUMBER: 107208983


DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/24/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/10/2026 Section Cited CCR 87211(a)(1)(D)	1 87211 Reporting Requirements (a) 2 Each licensee shall furnish to the 3 licensing agency such reports as the 4 Department may require, including, but 5 not limited to, the following: (1) A written 6 report shall be submitted to the 7 licensing agency and to the person responsible for the resident within seven days of the occurrence of any of the events specified in (A) through (D) below...(D) Any incident which threatens the welfare, safety or health of any resident, such as psychological abuse of a resident by staff or other residents, or unexplained absence of any resident.	1 Training will be completed with all staff on reporting requirements. An in service sign in sheet and training material will be submitted to CCL by POC date as proof of correction. 2 3 4 5 6 7
	8 This requirement was not met as 9 evidence by: review of records. The 10 licensee did not comply with the section 11 cited above in that the facility did not 12 report R1 eloping from the facility on 13 7/25/25 and 8/2/25. This poses a 14	8 9 10 11 12 13 14

		potential health safety and or personal rights risk to residents in care.		
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

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:	See Moua
NAME OF LICENSING PROGRAM ANALYST:	Mary Garza
LICENSING PROGRAM ANALYST SIGNATURE:	
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