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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 107208983
Report Date: 07/22/2026
Date Signed: 07/22/2026 02:51:22 PM

Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/15/2026** and conducted by Evaluator Mai Yang

PUBLIC	COMPLAINT CONTROL NUMBER: 24-AS-20260715100500

FACILITY NAME:	SUMMERFIELD OF FRESNO			**FACILITY NUMBER:**	107208983
ADMINISTRATOR:	ADDISON, SHEREE			**FACILITY TYPE:**	740
ADDRESS:	6075 N. MARKS			**TELEPHONE:**	(559) 446-6226
CITY:	FRESNO	**STATE:** CA		**ZIP CODE:**	93711
CAPACITY:	64	**CENSUS:** 48		**DATE:**	07/22/2026
		UNANNOUNCED		**TIME BEGAN:**	12:20 PM
MET WITH:	Sheree Addison, Administrator			**TIME COMPLETED:**	03:00 PM

ALLEGATION(S):

1	Staff yells at residents
2	Staff does not treat residents with dignity/respect
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INVESTIGATION FINDINGS:

1	On 07/22/26, Licensing Program Analyst (LPA) M. Yang arrived unannounced to conduct an initial
2	complaint investigation and deliver complaint findings. LPA met with Administrator Sheree Addison and
3	stated the purpose of the visit.
4	
5	During the course of the investigation, the facility was toured, interviews were conducted, and records
6	were received. Staffs were observed talking to the residents in kind matter. Based on interviews
7	conducted and observation, staff alleged to yells at residents and do not treat the residents with dignity
8	and respect, the preponderance of evidence standard has not been met. Therefore, the above
9	allegations are found to be UNSUBTANTIATED. Exit interview was conducted. A copy of this report was
10	provided to the Administrator, whose signature on this form confirms receipt of this report.
11	
12	
13	

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: See Moua

LICENSING EVALUATOR NAME: Mai Yang
LICENSING EVALUATOR SIGNATURE:

DATE: 07/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/22/2026

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