

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 107209035
Report Date: 09/10/2025
Date Signed: 09/10/2025 07:20:41 PM

Substantiated

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 **09/10/2025** and conducted by Evaluator Jacques Leffall

	COMPLAINT CONTROL NUMBER: 24-AS-20250910092959
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FACILITY NAME: SADDLE RIDGE SENIOR LIVING	FACILITY NUMBER: 107209035
ADMINISTRATOR: REYES, ALANA	FACILITY TYPE: 740
ADDRESS: 675 W ALLUVIAL AVENUE	TELEPHONE: (559) 325-8400
CITY: CLOVIS	STATE: CA
CAPACITY: 148	ZIP CODE: 93611
	DATE: 09/10/2025
MET WITH: Administrator: Michelle Ramos	UNANNOUNCED TIME BEGAN: 06:30 PM
	TIME COMPLETED: 08:00 PM

ALLEGATION(S):

1	Staff do not ensure facility is kept in good repair
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) J. Leffall conducted an unannounced facility visit to deliver findings on
2	the allegation listed above. LPA met with facility facility Administrator Shelly Ramos, and stated the
3	purpose of today's visit.
4	
5	LPA observed a large spot of discoloration observed on the ceiling. A1 confirmed from the Vice President
6	of Operations that the discoloration from the ceiling is caused from water damage. Based on observation,
7	and interviews conducted, the preponderance of evidence standard has been met, therefore the above
8	allegation is found to be SUBSTANTIATED.
9	
10	The following deficiencies are being cited Per Title 22 Regulations.
11	
12	Exit interview conducted. A copy of this report with appeal rights was distributed to Administrator which
13	confirms the signature of receipt of this report.

Substantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: See Moua
NAME OF LICENSING PROGRAM ANALYST: Jacques Leffall
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 09/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 09/10/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.
 LIC9099 (FAS) - (06/04) Page: 1 of 2

Control Number 24-AS-20250910092959

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710
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FACILITY NAME: SADDLE RIDGE SENIOR LIVING **FACILITY NUMBER:** 107209035
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 09/10/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/24/2025 Section Cited CCR 87303(a)	1 87303 Maintenance and Operation 2 (a) The facility shall be clean, safe, 3 sanitary and in good repair at all times. 4 Maintenance shall include provision of 5 maintenance services and procedures 6 for the safety and well-being of 7 residents, employees and visitors. The following requirement has not been met as evidenced by:	1 Licensee agrees to have the 2 maintenance staff repair the ceiling and 3 submit photos of the repair to CCLD by 4 POC due date. 5 6 7
	8 Based on observation and interview the 9 ceiling located in the back hallway on 10 the first floor contained discoloration 11 from water damage which poses a 12 potential, health, safety, or personal 13 rights risk to residents in care. 14	
	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: Jacques Leffall
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 09/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 09/10/2025