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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107209048
Report Date: 08/28/2025
Date Signed: 08/28/2025 09:55:50 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1314 E SHAW AVE FRESNO, CA 93710

FACILITY NAME:	RIVER BLUFFS MEMORY CARE COMMUNITY		FACILITY NUMBER:	107209048
ADMINISTRATOR/ DIRECTOR:	HURLEY, DONNA		FACILITY TYPE:	740
ADDRESS:	5425 W. SPRUCE AVE.		TELEPHONE:	(559) 840-9347
CITY:	FRESNO	STATE: CA	ZIP CODE:	93722
CAPACITY: 36		CENSUS: 33	DATE:	08/28/2025
TYPE OF VISIT:	Case Management - Deficiencies	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	12:07 PM
MET WITH:	Donna Hurley		TIME VISIT/ INSPECTION COMPLETED:	02:00 PM

NARRATIVE

Licensing Program Analyst (LPA) Katie Brown conducted a Case Management in conjunction with a complaint visit (Control Number 24-AS-20250822151010). LPA met with and discussed the reason for this Case Management with Administrator (AD) Donna Hurley.

During this visit, LPA toured the facility, selecting resident rooms to enter. Upon entering the room of R1 and R2, LPA observed a hospital bed with 2 - 1/2 side rails attached to one side of the bed. During this visit, a Physician's Order was obtained, and the rails were placed properly on the hospital bed.

A deficiency is being cited in accordance with the California Code of Regulations on the attached LIC 9099-D.

An exit interview was conducted, and Plan of Correction was developed.

A copy of this report and Appeal Rights were provided to AD.

NAME OF LICENSING PROGRAM MANAGER: Sergiy Pidgirny

NAME OF LICENSING PROGRAM ANALYST: Katie Brown **LICENSING PROGRAM ANALYST SIGNATURE:**	**DATE:** 08/28/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	**DATE:** 08/28/2025

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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Created By: Katie Brown On 08/28/2025 at 02:04 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1314 E SHAW AVE FRESNO, CA 93710

FACILITY NAME: RIVER BLUFFS MEMORY CARE COMMUNITY **FACILITY NUMBER:** 107209048

DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/28/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type B 08/29/2025 **Section Cited**	1 2 3 4 5 6 7	87608 Postural Supports (a) Based on… Postural supports may be used under the following conditions.(3) A written order from a physician indicating the need for the postural support shall be maintained... This requirement was not met as evidenced by:		
	8 9 10 11 12 13 14	Licensee did not ensure there was a written physician's order indicating the resident's need for a postural support (1/2 side rails) for R1's hospital bed. There were 3 1/2 side rails attached to the bed, there should only be 1 per side This poses a potential health and safety risk to persons in care.	8 9 10 11 12 13 14	
	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:	Sergiy Pidgirny

NAME OF LICENSING PROGRAM ANALYST: Katie Brown	
LICENSING PROGRAM ANALYST SIGNATURE:	**DATE:** 08/28/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	**DATE:** 08/28/2025