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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 107209048
Report Date: 08/04/2026
Date Signed: 08/04/2026 03:28:53 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 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 **07/09/2026** and conducted by Evaluator Melinda Medina

PUBLIC	COMPLAINT CONTROL NUMBER: 24-AS-20260709110654

FACILITY NAME:	RIVER BLUFFS MEMORY CARE COMMUNITY			**FACILITY NUMBER:**	107209048
ADMINISTRATOR:	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:**	08/04/2026
		UNANNOUNCED		**TIME BEGAN:**	02:15 PM
MET WITH:	Alexis Martin			**TIME COMPLETED:**	03:30 PM

ALLEGATION(S):

1	Staff did not provide a refund upon resident’s death
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INVESTIGATION FINDINGS:

1	On 8/04/2026, Licensing Program Analyst (LPA) M. Medina conducted an unannounced subsequent
2	complaint visit. LPA arrived, stated purpose of visit, and allowed entrance to facility, Administrator, Donna
3	Hurley was not available to meet with LPA during today's visit, LPA met with Health Services Director,
4	Alexis Martin
5	
6	During the subsequent visit, LPA conducted additional interviews and received additional documentation.
7	Based on LPA review of documentation and interviews conducted, family for Resident 1 (R1) did receive
8	a refund but payment was rendered on 7/15/2026. This date of payment was approximately six (6)
9	months after R1 passed away and their personal belongings were packed by facility. Interviews indicated
10	that payment was rendered by facility two times but was sent to incorrect addresses on file and the third
11	time a check was mailed never cashed.
12	
13	Based on information gathered, interviews and record review the above allegation is
	UNSUBSTANTIATED. Although the allegations may have happened or are valid, there is not a
	preponderance of evidence to prove the alleged violation did or did not occur.
	No deficiencies cited.

Exit interview conducted and a copy of report provided to Administrator for facility records.

Unsubstantiated	Estimated Days of Completion:

SUPERVISORS NAME: See Moua
LICENSING EVALUATOR NAME: Melinda Medina
LICENSING EVALUATOR SIGNATURE:
DATE: 08/04/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/04/2026

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