

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107209116
Report Date: 01/28/2026
Date Signed: 01/28/2026 05:56:54 PM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME:	FRESNO SENIOR LIVING	FACILITY NUMBER:	107209116
ADMINISTRATOR/AYERS, LASHAY		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(559) 298-4900
ADDRESS:	1715 E ALLUVIAL AVENUE	ZIP CODE:	93720
CITY:	FRESNO	STATE: CA	
CAPACITY:	100	CENSUS: 50	DATE: 01/28/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	08:17 AM
		BEGAN:	
MET WITH:	Executive Director - Sarah Dennis	TIME VISIT/	
		INSPECTION	06:00 PM
		COMPLETED:	

NARRATIVE

1 On 01/28/26, Licensing Program Analyst (LPA) M Vega arrived at the facility unannounced to conduct
2 Required Annual Inspection. LPA was greeted by receptionist and stated the purpose of the visit. LPA
3 met with Executive Director (ED) - Sarah Dennis. LPA conducted tour of facility with ED.
4
5 The facility was observed to be at a comfortable temperature, 72-75 degrees Fahrenheit throughout the
6 facility. The facility was observed to be clean, in good repair, and no passageway obstructions or fire
7 hazards observed. Fire extinguisher was observed with a service date of 01/2026 - 29/100.
8
9 Dining area and Kitchen were toured. An adequate supply of perishable and non-perishable food was
10 observed to be properly stored in walk-in freezer, walk-in refrigerator, and pantry. Refrigerator
11 temperature was maintained at 40 degree F. and freezer was maintained at -5 degree F.
12
13 LPA toured a sample of resident bedrooms. Residents' rooms were toured and observed with
14 adequately furnished with bed, dresser, and adequate lighting. LPA toured laundry room and observed
15 chemicals were stored and locked. Hot water temperature tested at 118.8 degrees F. LPA observed
16 securely fastened grab bars and non-skid mat in all shower areas.
17
18 Medications were stored in a locked medication room in a medication cart. Medications records were
19 reviewed to be accurate at time of inspection. A sample of residents' file was reviewed to have updated
20 files. A sample of staff files were reviewed. Staff files were observed to have current records. Staff are
21 fingerprinted clear and associated to the facility.
22
23 Continuation on LIC 809C
24
25

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan
NAME OF LICENSING PROGRAM ANALYST: Martin Vega

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 01/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/28/2026

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION 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: FRESNO SENIOR LIVING

FACILITY NUMBER: 107209116

VISIT DATE: 01/28/2026

NARRATIVE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	Community Care Licensing (CCL) is always striving to have facility files that reflect the most accurate & up to date information for your facility. In an effort to maintain your facility file, please submit the most current & complete forms &/or information as identified below: Residential Care Facility for the Elderly (RCFE): LIC 308 Designation of Facility Responsibility LIC 309 Administrative Organization LIC 400 Affidavit Regarding Client/Resident Cash Resources LIC 402 Surety Bond LIC 500 Personnel Report LIC 610E Emergency Disaster Plan For Residential Care Facilities For The Elderly LIC 9020 Register of Facility Clients/Residents Copy of current Liability Insurance Copy of current Administrator Certificate Alternate contact information including name, telephone number, & email address. Please submit the above forms/information to Fresno CCL by: 02/11/2026 As an operator of a Community Care Licensed facility it is your responsibility to be aware of and in compliance with all regulations, including Chaptered Legislation. Go to www.cclid.ca.gov to stay updated and informed.
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NAME OF LICENSING PROGRAM MANAGER: Brenda Chan NAME OF LICENSING PROGRAM ANALYST: Martin Vega LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/28/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/28/2026
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