

Department of  
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 107209116  
Report Date: 05/18/2026  
Date Signed: 05/18/2026 03:58:47 PM

Unfounded

|                                                        |                                                                                                                                 |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>FRESNO RO, 1314 E SHAW AVE<br>FRESNO, CA 93710 |
| COMPLAINT INVESTIGATION REPORT                         |                                                                                                                                 |

This is an official report of an unannounced visit/investigation of a complaint received in our office on 02/12/2026 and conducted by Evaluator Martin Vega

|                |                                                |                         |                |
|----------------|------------------------------------------------|-------------------------|----------------|
|                | COMPLAINT CONTROL NUMBER: 24-AS-20260212151624 |                         |                |
| FACILITY NAME: | FRESNO SENIOR LIVING                           | FACILITY NUMBER:        | 107209116      |
| ADMINISTRATOR: | AYERS, LASHAY                                  | FACILITY TYPE:          | 740            |
| ADDRESS:       | 1715 E ALLUVIAL AVENUE                         | TELEPHONE:              | (559) 298-4900 |
| CITY:          | FRESNO                                         | STATE:                  | CA             |
| CAPACITY:      | 100                                            | ZIP CODE:               | 93720          |
|                |                                                | DATE:                   | 05/18/2026     |
|                |                                                | UNANNOUNCED TIME BEGAN: | 01:50 PM       |
| MET WITH:      | Executive Director - Sarah Dennis              | TIME COMPLETED:         | 04:30 PM       |

ALLEGATION(S):

|   |                                                                              |
|---|------------------------------------------------------------------------------|
| 1 | Staff did not ensure residents emergency cord was working properly           |
| 2 | Staff did not refund resident's authorized representative the correct amount |
| 3 | Due to lack of supervsion, resident was left on the floor for several hours  |
| 4 |                                                                              |
| 5 |                                                                              |
| 6 |                                                                              |
| 7 |                                                                              |
| 8 |                                                                              |
| 9 |                                                                              |

INVESTIGATION FINDINGS:

|    |                                                                                                               |
|----|---------------------------------------------------------------------------------------------------------------|
| 1  | On 5/18/2026, Licensing Program Analyst (LPA) M Vega conducted a subsequent complaint investigation           |
| 2  | visit to the facility. LPA was granted entry into facility and met with Executive Director - Sarah Dennis.    |
| 3  | LPA provided information regarding visit.                                                                     |
| 4  |                                                                                                               |
| 5  | "Staff did not ensure residents emergency cord was working properly and Due to lack of supervision,           |
| 6  | resident was left on the floor for several hours." Resident 1 is an independent living resident. State        |
| 7  | Licensing does not investigate complaints for the independent living areas of this facility. Facility         |
| 8  | Administrator provided several documents, and a written statement acknowledging Resident 1 resides in         |
| 9  | independent living area of this facility. The department has investigated the complaints alleging, "Staff did |
| 10 | not ensure residents emergency cord was working properly and Due to lack of supervision, resident was         |
| 11 | left on the floor for several hours." The department has found that the allegations were unfounded,           |
| 12 | meaning that the allegation was false, could not have happened and/or is without a reasonable basis.          |
| 13 |                                                                                                               |
|    | Continuation on LIC 9099C                                                                                     |

|           |                               |
|-----------|-------------------------------|
| Unfounded | Estimated Days of Completion: |
|-----------|-------------------------------|

|                                                                                                                                   |  |                         |
|-----------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|
| <b>SUPERVISORS NAME:</b> Shawna Doucette<br><b>LICENSING EVALUATOR NAME:</b> Martin Vega<br><b>LICENSING EVALUATOR SIGNATURE:</b> |  | <b>DATE:</b> 05/18/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.                           |  |                         |
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b>                                                                                         |  | <b>DATE:</b> 05/18/2026 |

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-20260212151624**

|                                                        |                                                                                                                                 |
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| <b>COMPLAINT INVESTIGATION REPORT<br/>(Cont)</b>       |                                                                                                                                 |

|                                            |                                                                    |
|--------------------------------------------|--------------------------------------------------------------------|
| <b>FACILITY NAME:</b> FRESNO SENIOR LIVING | <b>FACILITY NUMBER:</b> 107209116<br><b>VISIT DATE:</b> 05/18/2026 |
|--------------------------------------------|--------------------------------------------------------------------|

| NARRATIVE |                                                                                                             |
|-----------|-------------------------------------------------------------------------------------------------------------|
| 1         | Regarding the allegation, "Staff did not refund resident's authorized representative the correct amount".   |
| 2         | Resident 1 is an independent living resident. State Licensing does not investigate complaints from the      |
| 3         | independent living areas of this facility. Facility Administrator provided several documents, and a written |
| 4         | statement acknowledging Resident 1 resides in independent living area of this facility. LPA has             |
| 5         | investigated the complaint alleging "Staff did not refund resident's authorized representative the correct  |
| 6         | amount". We have found that the complaint was unfounded, meaning that the allegation was false, could       |
| 7         | not have happened and/or is without a reasonable basis.                                                     |
| 8         |                                                                                                             |
| 9         | This agency has investigated the above allegations and have them to be UNFOUNDED. This means                |
| 10        | that the allegation was false, could not have happened or is without a reasonable basis. We have found      |
| 11        | that the complaint was unfounded, therefore we have dismissed the allegations.                              |
| 12        |                                                                                                             |
| 13        |                                                                                                             |
| 14        | No deficiencies cited today, Per Title 22 Regulations. Exit interview conducted with facility Executive     |
| 15        | Director - Sarah Dennis, and a copy of this report provided for facility records.                           |
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| <b>SUPERVISORS NAME:</b> Shawna Doucette<br><b>LICENSING EVALUATOR NAME:</b> Martin Vega<br><b>LICENSING EVALUATOR SIGNATURE:</b> |  | <b>DATE:</b> 05/18/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.                           |  |                         |
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b>                                                                                         |  | <b>DATE:</b> 05/18/2026 |