

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 107209492
Report Date: 01/12/2026
Date Signed: 01/12/2026 01:42:25 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SIERRA CASCADE AC/SC, 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 **01/07/2026** and conducted by Evaluator Mai Yang

PUBLIC	COMPLAINT CONTROL NUMBER: 24-AS-20260107172854
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FACILITY NAME: AUTUMN RIDGE ASSISTED LIVING	FACILITY NUMBER: 107209492
ADMINISTRATOR: DHALIWAL, KAREN	FACILITY TYPE: 740
ADDRESS: 14280 W STANISLAUS AVE	TELEPHONE: (661) 972-4646
CITY: KERMAN	STATE: CA
CAPACITY: 54	ZIP CODE: 93630
MET WITH: Karen Dhaliwal, Administrator	DATE: 01/12/2026
	UNANNOUNCED TIME BEGAN: 08:35 AM
	TIME COMPLETED: 02:00 PM

ALLEGATION(S):

1	Resident was left unattended
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On this date 01/12/26, Licensing Program Analyst (LPA) M. Yang conducted initial complaint
2	investigation. LPA introduce self, stated the purpose of the visit, and met with Administrator Karen
3	Dhaliwal. LPA discussed complaint and delivered complaint findings to Administrator.
4	
5	During the course of the investigation, the department conducted interviews, records were reviewed, and
6	the facility was toured. Based on interviews conducted and records reviewed, R1's current physician
7	report documents that the resident cannot leave the facility unsupervised. Interviews confirmed R1 had
8	left the facility premises with R2 without staff supervision on 01/06/26, therefore, the preponderance of
9	evidence has been met, the above allegation is found to be SUBSTANTIATED. An exit interview was
10	conducted. A copy of this report and appeal rights was provided to Administrator, whose signature on this
11	form confirms receipt of this report.
12	
13	

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: See Moua

LICENSING EVALUATOR NAME: Mai Yang
LICENSING EVALUATOR SIGNATURE:

DATE: 01/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/12/2026

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

LIC9099 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SIERRA CASCADE AC/SC, 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 **01/07/2026** and conducted by Evaluator Mai Yang

PUBLIC

COMPLAINT CONTROL NUMBER: 24-AS-20260107172854

FACILITY NAME: AUTUMN RIDGE ASSISTED LIVING

FACILITY NUMBER: 107209492

ADMINISTRATOR: DHALIWAL, KAREN

FACILITY TYPE: 740

ADDRESS: 14280 W STANISLAUS AVE

TELEPHONE: (661) 972-4646

CITY: KERMAN

STATE: CA

ZIP CODE: 93630

CAPACITY: 54

CENSUS: 44

DATE: 01/12/2026

UNANNOUNCED TIME BEGAN: 08:35 AM

MET WITH: Karen Dhaliwal, Administrator

TIME COMPLETED: 02:00 PM

ALLEGATION(S):

- | | |
|---|---|
| 1 | Due to a lack of care and supervision resident sustained injury |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |

INVESTIGATION FINDINGS:

- | | |
|----|--|
| 1 | On this date 01/12/26, Licensing Program Analyst (LPA) M. Yang conducted initial complaint |
| 2 | investigation. LPA introduce self, stated the purpose of the visit, and met with Administrator Karen |
| 3 | Dhaliwal. LPA discussed complaint and delivered complaint findings to Administrator. |
| 4 | |
| 5 | During the course of the investigation, the department conducted interviews, records were reviewed, and |
| 6 | the facility was toured. The facility has adequate staff schedule to provide care and supervision. Based |
| 7 | on observation, records reviewed, and interviews conducted, the preponderance of evidence has not |
| 8 | been met. Therefore, the above allegation is found to be UNSUBSTANTIATED. An exit interview was |
| 9 | conducted. A copy of this report was provided to Administrator, whose signature on this form confirms |
| 10 | receipt of this report. |
| 11 | |
| 12 | |
| 13 | |

Unsubstantiated Estimated Days of Completion:

SUPERVISORS NAME: See Moua

LICENSING EVALUATOR NAME: Mai Yang

LICENSING EVALUATOR SIGNATURE:

DATE: 01/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/12/2026

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LIC9099 (FAS) - (06/04)

Page: 2 of 3

Control Number 24-AS-20260107172854

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** AUTUMN RIDGE ASSISTED LIVING**FACILITY NUMBER:** 107209492**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 01/12/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 01/13/2026 Section Cited CCR 87413(a)(2)	1 87413(a)(2) Care and supervision of 2 residents shall be provided without 3 physical or verbal abuse, exploitation or 4 prejudice. 5 6 This requirement is not met as 7 evidenced by:	1 Facility shall submit a plan detailing 2 steps the facility will take to ensure the 3 requirements are met by 01/13/26. 4 5 6 7
	8 Based on interviews and records 9 reviewed, R1's current physician report 10 documents that the R1 cannot leave the 11 facility unsupervised. Interviews 12 confirmed R1 had left the facility 13 premises with R2 without staff 14 supervision on 01/06/26, poses an immediate health and safety risks 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
	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.

SUPERVISORS NAME: See Moua**LICENSING EVALUATOR NAME:** Mai Yang**LICENSING EVALUATOR SIGNATURE:****DATE:** 01/12/2026**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/12/2026