

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 157204130

Report Date: 08/06/2025

Date Signed: 08/06/2025 01:20:39 PM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME:	RIVERSTONE TERRACE SENIOR LIVING	FACILITY NUMBER:	157204130
ADMINISTRATOR/RICE, DOUGLAS G. DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	3209 BOOKSIDE DR	TELEPHONE:	(661) 663-9671
CITY:	BAKERSFIELD	STATE: CA	ZIP CODE: 93311
CAPACITY:	55	CENSUS: 21	DATE: 08/06/2025
TYPE OF VISIT:	Case Management - Annual Continuation	UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 10:05 AM
MET WITH:	Douglas Rice, Administrator	TIME VISIT/INSPECTION	COMPLETED: 01:30 PM

NARRATIVE

1 On 08/06/25, Licensing Program Analyst (LPA) M. Yang arrived at the facility unannounced to continue
2 Annual Inspection. LPA met with Administrator Douglas Rice.
3
4 A sample of staff files were reviewed.
5
6
7 A deficiency is being cited on the attached Lic 809D in accordance to California Code of Regulations,
8 Title 22, Division 6.
9
10 Exit Interview conducted. The following documents are requested to be submitted to the department by
11 08/12/25: Lic 308, Lic 500, Lic 610E, and current liability insurance. A copy of this report and appeal
12 rights was provided to Administrator, whose signature on this form confirms receipt of the report.
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NAME OF LICENSING PROGRAM MANAGER: See Moua

NAME OF LICENSING PROGRAM ANALYST: Mai Yang

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 08/06/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 08/06/2025

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: Mai Yang On 08/06/2025 at 11:06 AM
Link to Parent Document Below:

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1314 E SHAW AVE FRESNO, CA 93710</p>
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FACILITY NAME: RIVERSTONE TERRACE SENIOR LIVING

FACILITY NUMBER: 157204130

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/06/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<p>Type A 08/07/2025 Section Cited CCR 87355(e)(1)</p>	<p>1 87355(e)(1)Criminal Record Clearance 2 (e) All individuals subject to a criminal 3 record review pursuant to Health and 4 Safety Code Section 1569.17(b) shall 5 volunteer in a licensed facility: (1) 6 Obtain a California clearance or a 7 criminal record exemption as required by the Department. This requirement is not met as evidenced by:</p>	<p>1 S1 is to be removed from the facility 2 schedule immediately and not permitted 3 back until fingerprinted cleared and 4 associated. POC cleared during visit. 5 6 7</p>
	<p>8 S1 is not fingerprinted clear and not 9 associated with the facility, which poses 10 an immediate risk to the health and 11 safety of the residents. 12 13 14</p>	
<p>Type A 08/07/2025 Section Cited CCR87309(a)</p>	<p>1 87309(a) Disinfectants, cleaning 2 solutions, poisons, firearms and other 3 items which could pose a danger if 4 readily available to clients shall be 5 stored where inaccessible to clients. 6 7 This requirement is not met as evidenced by:</p>	<p>1 Administrator immediately removed the 2 chemical bottle. POC cleared during 3 visit. 4 5 6 7</p>
	<p>8 Based on observation, the licensee did 9 not comply with the section cited above 10 when LPA and A1 observed on 11 07/24/25, a Hydrogen Peroxide bottle in 12 R1's bathroom counter, unlocked 13 accessible to residents in care this 14 poses an immediate health, safety or personal rights risk to persons in care.</p>	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

See Moua

NAME OF LICENSING PROGRAM

MANAGER:

NAME OF LICENSING PROGRAM Mai Yang

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/06/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/06/2025

LIC809 (FAS) - (06/04)

Page: 3 of 6

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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: RIVERSTONE TERRACE SENIOR LIVING

FACILITY NUMBER: 157204130

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/06/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 08/12/2025 Section Cited CCR 87303(e)(5)(A)	1 87303(e)(5)(A) Slip-resistant mats, 2 strips, or flooring shall be used in all 3 bathtub and shower floors. 4 5 This requirement is not met as 6 evidenced by: 7	1 Facility immediately placed slip- 2 resistant strips in bathroom showers. 3 POC cleared during visit. 4 5 6 7
	8 Based on observation, the licensee did 9 not comply with the section cited above 10 when LPA and A1 observed on 11 07/24/25, in room 102, room 202, and 12 room 407 with no nonskid mat or 13 nonskid strip in bathroom showers, this 14 poses an immediate health, safety or personal rights risk to persons in care.	
Type B 08/12/2025 Section Cited CCR87412(c)	1 87412(c) Licensees shall maintain in 2 the personnel records verification of 3 required staff training and orientation. 4 This requirement is not met as 5 evidenced by: 6 7	1 Facility shall review regulation section 2 87412 and ensure that all staff have the 3 required training. Statement of how the 4 facility will met the regulations and 5 include date all staff trainings will be 6 completed and training records will be 7 on file. Statement shall be submitted to the Fresno CCL by POC due date 08/12/25.
	8 Based on records reviewed and 9 interviews, administrator informed LPA 10 that all staff have no trainings record on 11 file, records reviewed staff do not the 12 required trainings on file, which poses a 13 potential health and safety risk for the 14 person in care.	

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 See Moua

MANAGER:

NAME OF LICENSING PROGRAM Mai Yang

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature area]

DATE: 08/06/2025

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[Signature area]

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
1314 E SHAW AVE
FRESNO, CA 93710

FACILITY NAME: RIVERSTONE TERRACE SENIOR LIVING

FACILITY NUMBER: 157204130

DEFICIENCY INFORMATION FOR THIS PAGE:


VISIT DATE: 08/06/2025

Table with 3 columns: Deficiency Type POC Due Date / Section Number, DEFICIENCIES, PLAN OF CORRECTIONS(POCs). Contains 3 rows of deficiency data.

1		1
2		2
3		3
4		4
5		5
6		6
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1		1
2		2
3		3
4		4
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6		6
7		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:	See Moua
NAME OF LICENSING PROGRAM ANALYST:	Mai Yang
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 08/06/2025

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Type B 08/19/2025 Section Cited HSC 1796.45	<p>1 HSC 1796.45 Affiliated home care aides hired on or after January 1, 2016, shall submit to an examination 90 days prior to employment, or within seven days after employment, to determine that the individual is free of active tuberculosis disease.</p> <p>2</p> <p>3</p> <p>4</p> <p>5 This requirement is not met as evidenced by:</p> <p>6</p> <p>7</p>	<p>1 All staff have a TB result on file prior or within 7 days after employment. S1's TB result shall be submitted to the Fresno CCL office by POC due date 08/19/25.</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>
	<p>8 Based on records review and interview conducted with Administrator, S1 do not have a TB result on file which poses a potential risk to the health and safety of the residents.</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p>	
Type B 08/19/2025 Section Cited CCR87411(F)	<p>1 87411(F) All personnel, including the licensee and administrator, shall be in good health, and physically and mentally capable of performing assigned tasks. Good physical health shall be verified by a health screening,</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>	<p>1 Proof of S1 and S2's health screening to CCL by POC due date 08/19/25.</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>

6 including a chest x-ray or an
 7 intradermal test, performed by a
 physician not more than six (6) months
 prior to or seven (7) days after
 employment or licensure. A report shall
 be made of each screening, signed by
 the examining physician. The report
 shall indicate whether the person is
 physically qualified to perform the
 duties to be assigned, and whether
 he/she has any health condition that
 would create a hazard to him/herself,
 other staff members or residents. A
 signed statement shall be obtained
 from each volunteer affirming that
 he/she is in good health. Personnel with
 evidence of physical illness or
 emotional instability that poses a
 significant threat to the well-being of
 residents shall be relieved of their
 duties.



This requirement is not met as
 evidenced by:

6
7

8 Based on record review, the licensee
 9 did not comply with the section cited
 10 above when LPA reviewed staff files
 11 and observed no health screening were
 12 on file for S1 and S2, which poses a
 13 potential health or personal rights risk
 14 to persons in care.

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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	See Moua
MANAGER:	
NAME OF LICENSING PROGRAM	Mai Yang
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