

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 157204130
Report Date: 06/23/2026
Date Signed: 06/24/2026 04:30:19 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: 31	DATE:	06/23/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/	INSPECTION	10:55 AM
MET WITH: Administrator Douglas Rice and Licensed Vocational Nurse Casey Gonzales		BEGAN: TIME VISIT/	
		INSPECTION	04:15 PM
		COMPLETED:	

NARRATIVE	
1	On 06/23/26, Licensing Program Analyst (LPA) M. Yang arrived at the facility unannounced to conduct the Annual Inspection. LPA met and toured facility with Administrator Douglas Rice.
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4	Facility has sufficient furnishings inside and outside for resident use. The facility was observed to be at a comfortable temperature, clean, and no passageway obstructions or fire hazards. Residents were observed seating in common areas. Facility is equipped with pull stations and fire sprinklers throughout the facility. Fire extinguisher was observed throughout the facility with a service date of: 09/09/2025.
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7	LPA toured kitchen. An adequate supply of perishable and non-perishable food was observed to be properly stored in freezer, refrigerator, and pantry. Rotten fruits were observed. Expired food was observed. Temperature observed for the refrigerator maintained at 32 degrees F and freezer with 0 degrees F. Medications are kept lock in medication cart in medication room. Chemicals stored and locked in house keeping's room. A sample of resident bedrooms was toured. LPA observed a chemical bottle in R1's bedroom. Medications were observed unlocked in R2's bathroom. Bathrooms hot water temperature was tested at 109.7 degrees F in room 105, 110.2 degrees F in room 107. 110.8 degrees F in room 402 and 111.4 degrees F in room 507. LPA observed securely fastened grab bars in bathrooms. Nonskid strips in residents' showers. A sample of residents' files was reviewed. Courtyard was toured and observed with available seating for residents with shade. Carbon monoxide was observed operational during visit.
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10	Technical Support Program (TSP) assistance was offered. Administrator will make a decision and reach out the department regarding acceptance.
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25	A deficiency is being cited on the attached Lic 809D in accordance to California Code of Regulations, Title 22, Division 6 see attached 809D. Exit interview was conducted. The requested documents are to

be submitted to the department by 06/26/6: Lic 308, Lic 500, Lic 610E and current liability insurance. A copy of this report and appeal rights were provided to the Administrator.

NAME OF LICENSING PROGRAM MANAGER: See Moua

NAME OF LICENSING PROGRAM ANALYST: Mai Yang

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/23/2026

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

LIC809 (FAS) - (06/04)

California Health & Human Services Agency

Page: 1 of 6

California Department of Social Services

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 06/23/2026 at 02:38 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	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: 06/23/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87309(a)	
87309(a) Disinfectants, cleaning solutions, poisons, firearms and other items which could pose a danger if readily available to clients shall be stored where inaccessible to clients.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation and records reviewed, the Licensee did not comply with the section cited above when LPA and A1 observed an Ant spray bottle in under kitchen sink in R1's bedroom unlocked and accessible to the residents in care, this poses an immediate health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 06/24/2026				
	Plan of Correction				
1	Administrator immediately removed and locked chemical bottle. POC cleared during visit.				
2					
3					
4					
	Type A	Section Cited	CCR	87465(h)(2)	
87465(h)(2) Centrally stored medicines shall be kept in a safe and locked place... not accessible to persons other than employees...					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation and records reviewed, the licensee did not comply with the section cited above when LPA and A1 observed multiple medications stored in R2's bathroom shelf unlocked and accessible to the resident, which poses an immediate health, safety or personal rights risk to person in care.				
2					
3					
4					
	POC Due Date: 06/24/2026				
	Plan of Correction				

1	Administrator immediately removed medication into locked medications. POC cleared during visit.
2	
3	
4	

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: 06/23/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 06/23/2026

Created By: Mai Yang On 06/23/2026 at 02:39 PM
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FACILITY NUMBER: 157204130

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/23/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87555(b)(8)	
87555(b)(8) All food shall be of good quality. Commercial foods shall be approved by appropriate federal, state, and local authorities. Good in damaged containers shall not be accepted, used, or retained.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation, expired perishable and rotten fruits were observed in the refrigerator and rotten fruits observed in the walk in pantry, poses/posed an immediate health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 06/24/2026				
	Plan of Correction				
1	Staff immediately disregarded expired and molded food and fruits. POC cleared during visit.				
2					
3					
4					
		Section Cited			
	Deficient Practice Statement				
1					
2					
3					
4					
	POC Due Date:				

	Plan of Correction
1	
2	
3	
4	

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: 06/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 06/23/2026

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FACILITY NUMBER: 157204130

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/23/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87608(a)(3)	
87608 (a)(3) A written order from a physician indicating the need for the postural support shall be maintained in the resident's record. The licensing agency shall be authorized to require other additional documentation if needed to verify the order.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation and records reviewed, R3 bed was observed with a half bed rail on hospital bed				
2	with no doctor's order, which poses/posed a potential health and safety and personal rights risk to the				
3	resident in care.				
4					
	POC Due Date: 06/29/2026				
	Plan of Correction				
1	Facility will obtain doctor's order for half rail bed and submitted to the Fresno CCL by POC due date				
2	06/29/26.				
3					
4					
	Type B	Section Cited	CCR	87608(a)(5)(B)	

87608(a)(5)(B) Bed rails that extend the entire length of the bed are prohibited except for residents who are currently receiving hospice care and have a hospice care plan that specifies the need for full bed rails. This requirement is not met as evidenced by:

	Deficient Practice Statement
--	------------------------------

1	Based on observation and records reviewed, R1 who's not receiving hospice care was observed with a hospital bed with full rail, which poses/posed a potential health and safety and personal rights risk to the resident in care.
2	
3	
4	
POC Due Date: 06/26/2026	
Plan of Correction	
1	Full rail bed are prohibited for resident not receiving hospice care with physician order and shall be removed by POC due date 06/26/26
2	
3	
4	

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: 06/23/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 06/23/2026

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Created By: Mai Yang On 06/23/2026 at 02:42 PM
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FACILITY NAME: RIVERSTONE TERRACE SENIOR LIVING

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VISIT DATE: 06/23/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87412(g)	
87412(g) All personnel records shall be maintained at the facility and shall be available to the licensing agency for review.					
This requirement was not met as evidenced by:					
Deficient Practice Statement					
1	Based on record review and interview, the licensee did not comply with the section cited above when requested by the department to review staff files was informed by Administrator that all staff files are not maintained at the facility, which poses/posed a potential health, safety or personal rights risk to persons in care.				
2					
3					
4					
POC Due Date: 06/25/2026					
Plan of Correction					
1	Licensee will submit a written statement detailing the steps the facility will take to ensure the requirements for section 87412 are going to be met and ensure that all staff files are kept at the facility by POC due date 07/13/26.				
2					
3					
4					
Written statement will be submitted to the Fresno CCL office by POC due date 06/25/26.					
Section Cited					

	Deficient Practice Statement
1	
2	
3	
4	
	POC Due Date:
	Plan of Correction
1	
2	
3	
4	

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
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