

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 157209425
Report Date: 03/10/2026
Date Signed: 03/10/2026 02:05:37 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: AMERICAN SENIOR LIVING		FACILITY NUMBER:	157209425
ADMINISTRATOR/JUAREZ, LINA F DIAZ		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	9003 DROVERS RUN RD	TELEPHONE:	(661) 493-8209
CITY:	BAKERSFIELD	STATE: CA	ZIP CODE: 93311
CAPACITY: 6		CENSUS: 3	DATE: 03/10/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	11:50 AM
MET WITH: Licensee/Administrator Lina Juarez		BEGAN: TIME VISIT/INSPECTION	02:30 PM
		COMPLETED:	

NARRATIVE	
1	On 03/10/26, Licensing Program Analysts (LPA) M. Yang arrived unannounced to conduct an annual
2	visit. LPA introduce self, stated the purpose of the visit and met with staff Roxanne Chavez. All three
3	residents were present during inspection. Licensee/Administrator (L1) Lina Juarez was called and
4	arrived shortly during visit. LPA toured facility with L1.
5	
6	The facility was observed to be at a comfortable temperature, clean, in good repair, and no passageway
7	obstructions or fire hazards were observed inside or outside. Fire extinguisher was observed with a
8	service date of 02/24/26. Temperature maintained for refrigerator at 33 degrees F and freezer at -4
9	degrees F. Medications observed locked in kitchen shelf. MAR was reviewed. An adequate supply of
10	perishable and non-perishable food was observed. Cleaning supplies observed stored under kitchen
11	sink, under bathroom sink, in laundry room cabinet and garage cabinet locked. Extra linens observed in
12	garage cabinets.
13	
14	All bedrooms were observed to have required furnishings and with adequate lighting. All bathrooms are
15	observed with securely fastened grab bars and non-skid mats. Hot water tested maintained at 106.3 and
16	107.2 degrees F in vacant master bathroom and at 110.2 degrees F in hall bathroom. Outside of facility
17	toured and observed to be free of debris. Adequate outdoor seating observed for residents. Side gate
18	was observed free of debris. Carbon monoxide and smoke detectors were tested and observed to be
19	operational during visit. All residents' and sample of staff files were reviewed to have all required
20	documents.
21	
22	A deficiency is being cited on the attached Lic 809D in accordance to California Code of Regulations,
23	Title 22, Division 6.
24	
25	Exit Interview conducted. LPA received copies of Lic 308, Lic 500, Lic 610E, Lic 9020, current
	Administrator Certificate, and current liability insurance during visit. A copy of this report and appeal
	rights was provided to the Licensee, whose signature on this form confirms receipt of this report.

NAME OF LICENSING PROGRAM MANAGER: See Moua

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/10/2026

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

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 03/10/2026 at 01:16 PM
Link to Parent Document Below:

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: AMERICAN SENIOR LIVING
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 157209425
VISIT DATE: 03/10/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87633(b)	
87633(b) A current and complete hospice care plan shall be maintained in the facility for each hospice resident...					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on record review, the licensee did not comply with the section cited above when LPA reviewed R1 who is currently receiving hospice care with no current hospice care plan on file, which poses a potential health or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 03/16/2026				
	Plan of Correction				
1	The facility will obtain R1's current hospice care plan and submit it to Fresno CCL by POC due date 03/16/26.				
2					
3					
4					
	Type B	Section Cited	CCR	87609(b)(4)	
87609 (b)(4) The licensee and home health agency agree in writing on the responsibilities of the home health agency, and those of the licensee in caring for the resident's medical condition(s).					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on record review and interview conducted, the licensee did not comply with the section cited above when LPA review R2's, whose currently receiving home health with no home health care plan on file, which poses a potential health or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 03/16/2026				
	Plan of Correction				
1	Licensee will obtain R2's home health record and submit it to Fresno CCL by POC due date 03/16/26.				
2					
3					
4					

NAME OF LICENSING PROGRAM MANAGER:	See Moua
NAME OF LICENSING PROGRAM ANALYST:	Mai Yang
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 03/10/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 03/10/2026

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DEFICIENCY INFORMATION FOR THIS PAGE:

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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 interview conducted, observation, and records reviewed, R3 was observed laying in hospital bed using ½ rails on each side. There is no doctor's order for ½ rail bed for R3, which poses/posed a potential health and safety and personal rights risk to the resident in care.				
2					
3					
4					
	POC Due Date: 03/16/2026				
	Plan of Correction				
1	Licensee will obtain doctor orders for R3 indicating the need for half bed rail if physician indicates the need for half bed rail or Half rails will be removed by POC due date 03/16/26.				
2					
3					
4					
		Section Cited			

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

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:	
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