

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 160400627
Report Date: 05/08/2026
Date Signed: 05/08/2026 02:52:38 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710	
FACILITY EVALUATION REPORT			
FACILITY NAME: VALLEY CHRISTIAN HOME		FACILITY NUMBER:	160400627
ADMINISTRATOR/DIRECTOR: ALVIDREZ, ERIN		FACILITY TYPE:	740
ADDRESS:	511 E. MALONE ST.	TELEPHONE:	(559) 585-3000
CITY:	HANFORD	STATE: CA	ZIP CODE: 93230
CAPACITY:	131	CENSUS: 60	DATE: 05/08/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	11:30 AM
MET WITH:	Administrator Erin Alvidrez	BEGAN: TIME VISIT/INSPECTION	03:30 PM
		COMPLETED:	

NARRATIVE	
1	On 5/8/26 Licensing Program Analyst (LPA) J. Leffall conducted an unannounced visit today for the
2	facility's annual inspection. LPA met with Administrator (A1), Erin Alvidrez and stated the purpose of the
3	visit. There are currently 60 residents who reside at this facility. LPA inspected the interior and the
4	exterior of the facility including the common living spaces, resident bedrooms and bathrooms, activity
5	rooms, medication storage, kitchen, and outdoor areas. Bedrooms were clean and in good repair. There
6	is a locked storage for medications. Food supply is adequate of the right amount of perishable and non-
7	perishable foods.
8	
9	LPA toured the facility with A1. Fire extinguisher is within the safety regulation period with a service date
10	of 10/17/25. Smoke alarms were tested and are operational. The home has a carbon monoxide detector
11	and performs disaster drills as required. Fire drill conducted on 4/9/26. Water temperature was tested at
12	a range of 105.4 to 115.8 degrees F in 4 bathrooms. First Aid kit is on site and complete. Toxins and
13	cleaning supplies are locked and inaccessible. LPA reviewed 4 facility staff files, and 5 facility resident
14	files. Some staff files were missing documents upon inspection and observation. LPA confirmed all
15	facility staff present is background cleared. 1 document was missing in 1 of the client's file.
16	
17	The following deficiencies are being cited on the attached 809D in accordance with California Code of
18	Regulations, Title 22, Division 6. Civil penalties issued for staff missing First Aide certification.
19	
20	Exit Interview conducted. LPA is requesting the following documents be submitted to the Fresno CCL
21	office by 5/22/26: Current copy of Administrator Certificate, Designation of Facility Responsibility
22	(LIC308), Administrator Organization (LIC 309), Affidavit regarding Client/Resident Cash Resources (LIC
23	400), Liability Insurance, Emergency and Disaster Plan (LIC 610E), Personnel Report (LIC500),
24	Register of Facility Clients/Residents for (LIC9020A)
25	
A copy of this report with appeal rights was provided to A1, whose signature on this form confirms receipt of this report.	

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/08/2026

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: Jacques Leffall On 05/08/2026 at 02:23 PM
Link to Parent Document Below:

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: VALLEY CHRISTIAN HOME

FACILITY NUMBER: 160400627

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/08/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	HSC	1569.618(c)(3)	
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Other Provisions

(c)The facility shall employ, and the administrator shall schedule, a sufficient number of staff members to do all of the following: (3) Ensure that at least one staff member who has cardiopulmonary resuscitation (CPR) training and first aid training is on duty and on the premises at all times. This paragraph shall not be construed to require staff to provide CPR.	
This requirement is not met as evidenced by:	

	Deficient Practice Statement
1	Based on observation, interview, record review, the licensee did not comply with the section cited above in 1 out of 4 staff has expired First Aide and 2 out of 4 staff didn not have completed first aide in staff file which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 05/09/2026
	Plan of Correction
1	Licensee agrees to have staff complete First Aide and send completion documents to CCLD by POC due date.
2	
3	
4	

		Section Cited			
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	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.

See Moua

NAME OF LICENSING PROGRAM
MANAGER:
NAME OF LICENSING PROGRAM
ANALYST:
LICENSING PROGRAM ANALYST SIGNATURE:

Jacques Leffall



DATE: 05/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



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DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87458(c)(1)(A)	
Medical Assessment					
(c) The medical assessment shall include, but not be limited to: (1) A physical examination of the resident indicating the licensed medical professional's diagnosis or diagnoses and results of an examination for all of the following: (A) Communicable tuberculosis.					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation, interview, record review, the licensee did not comply with the section cited above in 1 out of 5 residents did not contain a TB test in resident file which poses/posed a potential health, safety or personal rights risk to persons in care.				
2					
3					
4					
	POC Due Date: 06/08/2026				
	Plan of Correction				
1	Licensee agrees to have resident complete a TB test and submit the negative test results to CCLD by POC due date.				
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:	Jacques Leffall
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 05/08/2026
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