

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 167200404

Report Date: 04/08/2025

Date Signed: 04/08/2025 04:04:25 PM

Document Has Been Signed on 04/08/2025 04:04 PM - **It Cannot Be Edited**

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:	DIAMOND TERRACES	FACILITY NUMBER:	167200404
ADMINISTRATOR/NORMAN, ROBERT DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	600 E. 11TH STREET	TELEPHONE:	(559) 585-8010
CITY:	HANFORD	STATE: CA	ZIP CODE: 93230
CAPACITY:	38	CENSUS: 20	DATE: 04/08/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	BEGAN: 12:00 PM
MET WITH:	Administrator: Jan Norman	TIME VISIT/ INSPECTION	COMPLETED: 04:15 PM

NARRATIVE

1 On 4/8/25 Licensing Program Analyst (LPA) J. Leffall arrived unannounced to conduct an Annual
2 Inspection. LPA introduced self, stated the purpose of the visit, and was greeted by Staff (S1) Claudia
3 Walthing, LPA was granted entry. 20 residents were present during inspection. Administrator (A1) Jan
4 Norman arrived shortly after LPA's arrival.
5
6 LPA toured facility with A1. The facility was observed to be at a comfortable temperature, clean, in good
7 repair, and no passageway obstructions or fire hazards were observed inside. An adequate supply of
8 perishable and non-perishable food was observed. Samples of resident's medications were checked
9 and observed locked in cabinet. Clients' MARS was reviewed. Samples of medications reviewed. Fire
10 extinguisher reviewed with a service date of: 10/16/24. Fire drill completed on 1/8/25. Clients' bedrooms
11 were toured and reviewed. Cleaning chemicals were observed stored and locked in closet. Residents
12 bedrooms observed to be adequately furnished with bed, dresser, and adequate lighting. All bathrooms
13 are toured and observed to be operational. Hot water temperature was tested at a range of 110.8 to
14 117.6 degrees F in 3 bathrooms.
15
16 Outside of facility toured. Outside observed free of debris. Side gate was self-closing and self-latching.
17 Outside was observed with adequate outdoor seatings available for clients. Freezer temperature
18 observed at 2 degrees F and refrigerator temperature maintained at 40 degrees F. Smoke detectors and
19 carbon monoxide were tested and observed to be operational. All clients' files and staff's files reviewed
20 to have all the required documents.
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NAME OF LICENSING PROGRAM MANAGER: See Moua
NAME OF LICENSING PROGRAM ANALYST: Jacques Leffall

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/08/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/08/2025

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710
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FACILITY NAME: DIAMOND TERRACES

FACILITY NUMBER: 167200404

VISIT DATE: 04/08/2025

NARRATIVE

1	No deficiencies issued during this inspection.
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3	Exit Interview conducted. LPA is requesting the following documents be submitted to the Fresno CCL
4	office by 4/22/25: Current copy of Administrator Certificate, Designation of Facility Responsibility
5	(LIC308), Administrator Organization (LIC 309), Affidavit regarding Client/Resident Cash Resources (LIC
6	400), Liability Insurance, Emergency and Disaster Plan (LIC 610E), Personnel Report (LIC500),
7	Register of Facility Clients/Residents for (LIC9020A)
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9	A copy of this report was provided to A1, whose signature on this form confirms receipt of this report.
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NAME OF LICENSING PROGRAM MANAGER: See Moua	
NAME OF LICENSING PROGRAM ANALYST: Jacques Leffall	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/08/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/08/2025
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