

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 247209172

Report Date: 03/12/2026

Date Signed: 03/12/2026 11:04:49 AM

Document Has Been Signed on 03/12/2026 11:04 AM - **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:	VALLEY SPRING MEMORY CARE	FACILITY NUMBER:	247209172
ADMINISTRATOR/REYNAGA, ELIZABETH DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	555 MILLER LANE	TELEPHONE:	(209) 710-4783
CITY:	LOS BANOS	STATE: CA	ZIP CODE: 93635
CAPACITY:	50	CENSUS: 24	DATE: 03/12/2026
TYPE OF VISIT:	Office	UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 09:55 AM
MET WITH:	Administrator, Elizabeth Reynaga	TIME VISIT/INSPECTION	COMPLETED: 11:15 AM

NARRATIVE

1 On 03/12/2026, an informal meeting was held at the Fresno Regional Office. The
2 purpose of the informal meeting was to discuss recently identified issues/concerns
3 associated with the operation of the facility. The informal meeting process was
4 explained during this meeting.
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7 **The following were in attendance at this meeting:**

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9 Administrator, Elizabeth Reynaga
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11 Resident Care Director, Natalie
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13 Licensing Program Manager I, Alexandria Walton
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15 Licensing Program Analyst, Brianna Miranda
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18 **During this meeting the following topics were discussed:**

- 19
20 · Staffing
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22 · Medications
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24 · Reporting Requirements
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· Administrator Qualifications & Duties

NAME OF LICENSING PROGRAM MANAGER: Alexandria Walton

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature area]

DATE: 03/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature area]

DATE: 03/12/2026

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

