

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 247209172
Report Date: 07/24/2026
Date Signed: 07/24/2026 07:13:04 PM

Substantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/27/2026** and conducted by Evaluator Brianna Miranda

PUBLIC	COMPLAINT CONTROL NUMBER: 24-AS-20260427142947
FACILITY NAME: VALLEY SPRING MEMORY CARE	FACILITY NUMBER: 247209172
ADMINISTRATOR: REYNAGA, ELIZABETH	FACILITY TYPE: 740
ADDRESS: 555 MILLER LANE	TELEPHONE: (209) 710-4783
CITY: LOS BANOS	STATE: CA ZIP CODE: 93635
CAPACITY: 50	CENSUS: 22 DATE: 07/24/2026
	UNANNOUNCED TIME BEGAN: 04:40 PM
MET WITH: Executive Director - Elizabeth Reynaga	TIME COMPLETED: 05:00 PM

ALLEGATION(S):

1	Staff speaks inappropriately to residents in care
2	Staff did not follow proper reporting requirements
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INVESTIGATION FINDINGS:

1	On July 24, 2026 Licensing Program Analyst (LPA) B. Miranda arrived at the facility unannounced to
2	open a complaint regarding the allegations listed above. LPA met with Administrator Elizabeth Reynaga
3	and Resident Care Director Natalie Levario.
4	
5	LPA conducted multiple interviews. Based on the interviews it was found S1 had spoke inappropriately to
6	residents in care and was eventually terminated from the facility. This was previously cited on complaint
7	#24-AS-20250910082422, and no citation will be issued. While reviewing R1's progress notes it was
8	found on June 6, 2026 medication was not given due to not being available, this incident was not
9	reported to the Dept.
10	
11	Based on observation, interview, & records reviewed, the preponderance of evidence standard has been
12	met, therefore the above allegation is found to be SUBSTANTIATED.
13	
	Exit interview was conducted and a copy of this report LIC9099, LIC9099D, and appeal rights were
	provided to Executive Director Elizabeth Reynaga.

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Alexandria Walton	
LICENSING EVALUATOR NAME: Brianna Miranda	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/24/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/24/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 2
Control Number 24-AS-20260427142947

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: VALLEY SPRING MEMORY CARE	FACILITY NUMBER: 247209172
DEFICIENCY INFORMATION FOR THIS PAGE:	VISIT DATE: 07/24/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
	8		8	
	9		9	
	10		10	
	11		11	
	12		12	
	13		13	
	14		14	
Type B 07/31/2026 Section Cited CCR 87211(a)(1)	1	7211 Reporting Requirements (a) Each licensee shall furnish to the licensing agency such reports as the Department may require, including, but not limited to, the following: (1) A written report shall be submitted to the licensing agency and to the person responsible for the resident within seven days of the occurrence of any of the events specified in (A) through (D) below. This report shall include the resident's name, age, sex and date of admission; date and nature of event; attending physician's name, findings, and treatment, if any; and disposition of the case. This requirement is not met as evidenced by:	1	Administrator monitor progress notes and MARs regarding medication. Statement of upates will be given to the Dept by POC due.
	2		2	
	3		3	
	4		4	
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	6		6	
	7		7	
	8	Based on observation, interview, and record, the facility did not comply with the regulation listed above due to R1 had a missed medication which was not, which poses a potential health and safety risk to residents in care. reported to the Dept.	8	
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	10		10	
	11		11	
	12		12	
	13		13	
	14		14	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Alexandria Walton
LICENSING EVALUATOR NAME: Brianna Miranda

LICENSING EVALUATOR SIGNATURE:	DATE: 07/24/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/24/2026