

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 270700110
Report Date: 10/23/2025
Date Signed: 10/24/2025 05:06:43 AM

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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:	CARMEL VALLEY MANOR	FACILITY NUMBER:	270700110
ADMINISTRATOR/DIRECTOR:	CHRIS REGAN	FACILITY TYPE:	741
ADDRESS:	8545 CARMEL VALLEY ROAD	TELEPHONE:	(831) 624-1281
CITY:	CARMEL	STATE:	CA
CAPACITY:	258	ZIP CODE:	93923
TYPE OF VISIT:	Required - 1 Year	CENSUS:	195
		DATE:	10/23/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	09:26 AM
MET WITH:	administrator Chris Regan	TIME VISIT/INSPECTION COMPLETED:	04:45 PM

NARRATIVE

1 On 10/23/2025, Licensing Program Analyst (LPA) V Gorban arrived at the facility unannounced to
2 conduct Required Annual Inspection. LPA met with Administrator and Chief Operating Officer (AD)
3 Christine Regan, certification number 7018654740, and expiration date LPA conducted tour inside and
4 out of facility with AD. Residents observed at the facility during lunch time.
5
6 The facility comprised assisted living section with a census of 15 residents and independent living
7 section with a census of 180 residents. During the facility tour, rooms and hallways were observed to be
8 at a comfortable temperature of 76 degrees, clean, in good repair, and no passageway obstructions or
9 fire hazards observed. Fire extinguisher was observed with a service date of 08/21/2025. Per records,
10 last emergency drill conducted on 08/12/2025
11
12 Dining area and Kitchen were toured. LPA interviewed Director of Dinning. Food delivered to the facility
13 6 days a week. An adequate supply of perishable and non-perishable food was observed to be properly
14 stored in freezer (with temperature -2 degrees F), refrigerator (with temperature 39 degrees F), and
15 pantry (no perishable food reviewed by staff . Food is delivered by US Foods twice a week on Tuesdays
16 and Fridays. Refrigerator temperature was maintained at 39.0-degree F. and freezer was maintained at
17 -2-degree F.
18 Residents' rooms were toured and observed with adequately furnished with bed, dresser, and adequate
19 lighting. Hot water temperature tested and within regulation requirements. LPA observed securely
20 fastened grab bar and non-skid mats missed in couple rooms toured
21
22 Report continues on attached LIC809-C
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan
NAME OF LICENSING PROGRAM ANALYST: Vadim Gorban

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 10/23/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 10/23/2025

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	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	SIERRA CASCADE AC/SC, 1314 E SHAW AVE
	FRESNO, CA 93710

FACILITY NAME: CARMEL VALLEY MANOR

FACILITY NUMBER: 270700110

VISIT DATE: 10/23/2025

NARRATIVE

1 Medications were stored in a locked medication room in a medication cart. Facility use Poinclickcare for
2 medication and ministrations and records. Medications records were reviewed. First Aid Kit was stored in
3 medication room and observed with all required items. Adequate PPE supplies was observed. LPA
4 toured laundry room and observed chemicals were stored and locked for staff use only.
5 Facility courtyard was toured and observed to be free from debris. There was outdoor seating available
6 for the residents.
7
8 Residents' files were reviewed to have updated emergency contact, Admission agreement, Needs and
9 Services Plan and Pre-Appraisal Plan. A sample of staff files were reviewed. Staff files were observed to
10 have current First Aid/CPR, Health screening, and Personnel record. Staff are fingerprinted clear and
11 associated to the facility.
12
13 Community Care Licensing (CCL) is always striving to have facility files that reflect the most accurate &
14 up to date information for your facility. In an effort to maintain your facility file, please submit the most
15 current & complete forms &/or information as identified below:
16
17 **Residential Care Facility for the Elderly (RCFE):**
18
19
20
21 • LIC 308 Designation of Facility Responsibility
22 • LIC 309 Administrative Organization
23 • LIC 500 Personnel Report
24 • LIC 610E Emergency Disaster Plan For Residential Care Facilities For The Elderly
25 • LIC 9020 Register of Facility Clients/Residents
26
27
28 Please submit the above forms/information to Fresno CCL by: **10/29/2025**
29
30 As an operator of a Community Care Licensed facility it is your responsibility to be aware of and in
31 compliance with all regulations, including Chaptered Legislation. Go to www.cclcd.ca.gov to stay updated
32 and informed.

No deficiencies issued during this inspection. An exit interview was conducted with the AD.
A copy of this report was given to the AD, whose signature on this form confirm receipt of these reports.

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan
NAME OF LICENSING PROGRAM ANALYST: Vadim Gorban
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 10/23/2025

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FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 10/23/2025