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**Department of**

# SOCIAL SERVICES

***Community Care Licensing***

# *FACILITY EVALUATION REPORT*

**Facility Number:** 275202569
**Report Date:** 07/16/2026
**Date Signed:** 07/17/2026 01:43:32 PM

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY<br>**FACILITY EVALUATION REPORT** | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>FRESNO RO, 1314 E SHAW AVE<br>FRESNO, CA 93710 |
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|---|---|---|---|---|
| FACILITY NAME: | MADONNA GARDENS | | FACILITY NUMBER: | 275202569 |
| ADMINISTRATOR/ DIRECTOR: | TYLER BRANES | | FACILITY TYPE: | 740 |
| ADDRESS: | 1335 BYRON DR | | TELEPHONE: | (831) 758-0931 |
| CITY: | SALINAS | STATE: CA | ZIP CODE: | 93901 |
| CAPACITY: 88 | | CENSUS: 76 | DATE: | 07/16/2026 |
| TYPE OF VISIT: | Required - 1 Year | UNANNOUNCED | TIME VISIT/ INSPECTION BEGAN: | 08:30 AM |
| MET WITH: | Executive Director, Larry VanHorn | | TIME VISIT/ INSPECTION COMPLETED: | 05:30 PM |

**NARRATIVE**

Licensing Program Analyst (LPA) Sarah Hurt conducted an unannounced visit today for the facility's annual inspection. LPA met with Executive Director, Larry VanHorn, Continual Administrator's Certification expires 12/01/2026. There are currently 77 residents who reside at this home and there is 9 residents on hospice at this time. LPA inspected the interior and the exterior of the facility including the common living spaces, resident bedrooms and bathrooms, activity rooms, medication storage, kitchen, and outdoor areas. Bedrooms were clean and in good repair.

Fire extinguisher is within the safety regulation period. Smoke alarms are tested and are operational. The home has a carbon monoxide detector. Water temperature was tested between 115 degrees and 119 degrees in multiple different resident bedrooms throughout the facility. First Aid kit is on site and complete.

Staff 1 does not have required annual dementia training/ or 20 hours required annual training. The facility is not conducting quarterly disaster drills as required. The staff listed as Infection Control lead is no longer employed by the facility. The facility is not following Plan of Operation (annual staff dementia training.) LPA observed antacid medication in Room 122 of memory care resident. LPA observed cleaning spray in room 147. Non- perishable food supply was low.

The following deficiencies observed or cited during today's inspection per California Code of Regulations, Title 22.

LPA requested the following documents: LIC 500 Personnel Report, LIC 308 Designation of Administrative Responsibility, LIC 610-E the Emergency Disaster Plan and copy of current Administrator's Certificate to update the facility file. *Listed documents shall be sent to Licensing.*

Exit interview conducted with Executive Director, Larry VanHorn, and copy of report left at facility

**NAME OF LICENSING PROGRAM MANAGER:** See Moua

**NAME OF LICENSING PROGRAM ANALYST:** Sarah Hurt
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 07/16/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 07/16/2026

**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

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.



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**Created By: Sarah Hurt On 07/16/2026 at 04:27 PM**
**Link to Parent Document Below:**

| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY<br>**FACILITY EVALUATION REPORT (Cont)** | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>, 1314 E SHAW AVE<br>FRESNO, CA 93710 |
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**FACILITY NAME:** MADONNA GARDENS **FACILITY NUMBER:** 275202569
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 07/16/2026

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

| | Type B | Section Cited | HSC | 1569.625(b)(2) | |
|---|---|---|---|---|---|

**Other Provisions**

(2) In addition to paragraph (1), training requirements shall also include an additional 20 hours annually, eight hours of which shall be dementia care training, as required by subdivision (a) of Section 1569.626, and four hours of which shall be specific to postural supports, restricted health conditions, and hospice care, as required by subdivision (a) of Section 1569.696. This training shall be administered on the job, or in a classroom setting, or both, and may include online training.

This requirement is not met as evidenced by:

| | **Deficient Practice Statement** |
|---|---|
| 1 2 3 4 | Based on record review , the licensee did not comply with the section cited above in staff 1 does not have required annual dementia training, which poses/posed a potential health, safety or personal rights risk to persons in care. |
| | **POC Due Date:** 07/30/2026 |
| | **Plan of Correction** |
| 1 2 3 4 | Administrator will submit proof staff files have been audited and a plan is in place to ensure all staff receives required annual training, and proof staff 1 has completed required tranining, and submit proof to LPA by POC date of 07/30/2026. |

| | Type B | Section Cited | CCR | 87465(h)(2) | |
|---|---|---|---|---|---|

**Incidental Medical and Dental Care Services**

(h) The following requirements shall apply to medications which are centrally stored: (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.

This requirement is not met as evidenced by:

| | **Deficient Practice Statement** |
|---|---|
| 1 2 3 4 | Based on observation, the licensee did not comply with the section cited above in LPA observed antacid medication in memory care resident room 1222, which poses/posed a potential health, safety or personal rights risk to persons in care. |
| | **POC Due Date:** 07/30/2026 |
| | **Plan of Correction** |

| | |
|---|---|
| 1<br>2<br>3<br>4 | Administrator will train facili9ty staff on proper safe storage of medications and submit proof to LPA by POC date of 07/30/2026. |

**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:** Sarah Hurt

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 07/16/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 07/16/2026