

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 275202817
Report Date: 04/30/2026
Date Signed: 05/04/2026 07:56:09 AM

Unsubstantiated

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 04/09/2026 and conducted by Evaluator Sarah Hurt

	COMPLAINT CONTROL NUMBER: 24-AS-20260409140057
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FACILITY NAME:	VISTA HARDEN RANCH	FACILITY NUMBER:	275202817
ADMINISTRATOR:	CARTER, JOY	FACILITY TYPE:	740
ADDRESS:	290 REGENCY CIRCLE	TELEPHONE:	(805) 319-7370
CITY:	SALINAS	ZIP CODE:	93906
CAPACITY:	83	DATE:	04/30/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	02:30 PM
	CENSUS: 71	TIME COMPLETED:	04:30 PM
MET WITH:	Executive Director, Maria Perez		

ALLEGATION(S):

1	Staff is mismanaging resident's medications.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Sarah Hurt conducted an unannounced facility visit to investigate the
2	above allegations. LPA met with facility Administrator Maria Perez, and explained the purpose of today's
3	visit.
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5	Licensing Program Analyst (LPA) conducted an interview with the reporting party, who is the resident's
6	physician. The physician stated that during a recent appointment, facility staff transported the resident
7	with a medication list that included medications the resident was no longer prescribed, which had been
8	discontinued. The physician expressed concern that the medication list was inaccurate and did not reflect
9	current physician orders.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: See Moua

LICENSING EVALUATOR NAME: Sarah Hurt LICENSING EVALUATOR SIGNATURE:	DATE: 04/30/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/30/2026

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-20260409140057

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION 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: VISTA HARDEN RANCH	FACILITY NUMBER: 275202817 VISIT DATE: 04/30/2026
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NARRATIVE	
1	The physician stated that due to the resident's diagnosis, the resident was unable to reliably confirm
2	their medications, and clarification was later obtained from the resident's daughter the following day. The
3	physician reported that he contacted the facility to notify staff of the discrepancies and to provide
4	education regarding the importance of bringing the Medication Administration Record (MAR), as it more
5	accurately reflects current medication administration. The physician stated that although the medication
6	list was inaccurate, he did not observe any harm to the resident and was unsure whether the resident
7	had actually been administered any incorrect medications. Based on information obtained, there is
8	insufficient evidence to support that facility staff mismanaged the resident's medications. Although the
9	allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged
10	violation did or did not occur, therefore the allegation is unsubstantiated.
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13	Exit interview conducted with facility Administrator Maria Perez, and copy of report provided
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SUPERVISORS NAME: See Moua LICENSING EVALUATOR NAME: Sarah Hurt LICENSING EVALUATOR SIGNATURE:	DATE: 04/30/2026
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