

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 502701594
Report Date: 09/03/2026
Date Signed: 09/03/2026 04:42:45 PM

COMPREHENSIVE INSPECTION

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
FACILITY EVALUATION REPORT	

FACILITY NAME:	TURLOCK RESIDENTIAL	FACILITY NUMBER:	502701594
ADMINISTRATOR/PUNNI, MANISHA DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	1101 E TUOLUMNE RD	TELEPHONE:	(209) 667-8409
CITY:	TURLOCK	STATE: CA	ZIP CODE: 95382
CAPACITY: 49		CENSUS: 47	DATE: 09/03/2026
TYPE OF VISIT:	Annual/Random	UNANNOUNCEDTIME VISIT/ INSPECTION	BEGAN: 10:30 AM
MET WITH:	Manisha Punni	TIME VISIT/ INSPECTION	COMPLETED: 04:30 PM

NARRATIVE	
1	Licensing Program Analyst, LPA, Noel Wolf Petersen Arrived unannounced to the facility, to conduct a annual inspection. LPA met with administrator Manisha punni to explain the purpose of the visit. Physical inspection was conducted: Kitchen was in good repair, LPA noted the presence of insect traps and asked for the 6 most recent pest control summary reports. There is adequate storage for 2 days perishable and 7 days non perishable foods. the menu to day is tacos. in interview, designated executive Chef gave the statement they have adequate resources to meet the needs of the clients, including menu planning authority and material requisition. Facility has some lingering malodorous smells related to incontinence care in some rooms, staff were seen cleaning the area, and further walkthrough by the LPA eliminated the odors. in interview maintience director gave the statement they have adequate resources to meet the needs of the client, including staff, hours, and material requisition. Med room was inspected, regarding client medications and documentation procedure. interview with medtech staff indiated the facility process for documenting refusal should include more fields, as to the reason for the refusal. PRN/controlled substance, destruction record documentation was adequate. Exterior of the facility has adequate space for activities, there are no obvious trip hazzards. LPA noted there is no evacuation route gate, virtually every bedroom room has a sliding glass door that could be used in an emergency and the campus opens out to an area that doesn't have a fully enclosed perimeter fence
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Liza King
Noel Wolf Petersen



DATE: 09/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/03/2026

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/

1 citation was issued, a 500 \$ civil pentality was also issued were given as part of this visit. a copy of the report was read and given to the administrator. appeal rights were provided. exit interview conducted.

NAME OF LICENSING PROGRAM MANAGER: Liza King

NAME OF LICENSING PROGRAM ANALYST: Noel Wolf Petersen

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/03/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/03/2026

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Created By: Noel Wolf Petersen On 09/03/2026 at 04:14 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING DIVISION

, 9835 GOETHE ROAD, SUITE 100

SACRAMENTO, CA 95827

FACILITY NAME: TURLOCK RESIDENTIAL

FACILITY NUMBER: 502701594

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/03/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/04/2026 Section Cited CCR 87272(a)(2)	1 87202 Fire Clearance 2 (a) All facilities shall maintain a fire 3 clearance approved by the city, county, 4 or city and county fire department, or 5 district providing fire protection 6 services, or the State Fire Marshal. 7 Prior to accepting or retaining any of the following types of persons, (2) Bedridden	1 Facility will develop a plan to become 2 fire cleared and submit it to the LPA 3 tomorrow 9/4/26. if the facility choses to 4 become firecleared by updating the fire 5 clearance to include bedridden, the LPA 6 will be informed at steps of the process 7 of updates to the plan on a monthly basis.
	8 not following this requirement is 9 evidenced by 1 or more persons in the 10 facility not being able to rotate 11 indepentantly(r2) to the observation of 12 the LPA, 602 indicates mixed status of 13 nonamb and requiring assistance with 14 rotation. not following this requirement poses a risk to the health saftey and personal rights of clients in care	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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: Liza King

NAME OF LICENSING PROGRAM ANALYST: Noel Wolf Petersen

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/03/2026

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