

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 547200844
Report Date: 02/12/2026
Date Signed: 02/13/2026 03:41:45 PM

Substantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/20/2025** and conducted by Evaluator Brianna Miranda

	COMPLAINT CONTROL NUMBER: 24-AS-20251120143046
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FACILITY NAME: MARBELLA VISALIA	FACILITY NUMBER: 547200844
ADMINISTRATOR: RANOUR, MANDY	FACILITY TYPE: 740
ADDRESS: 3120 W. CALDWELL	TELEPHONE: (559) 735-0828
CITY: VISALIA	STATE: CA
CAPACITY: 72	ZIP CODE: 93277
	CENSUS: 55
	DATE: 02/12/2026
MET WITH: Interim Administrator- Vivian Villegas	UNANNOUNCED TIME BEGAN: 09:10 AM
	TIME COMPLETED: 05:30 PM

ALLEGATION(S):

1	Staff are mismanaging resident's medications.
2	Staff are not following resident's care plan as required.
3	Staff are not following reporting requirements as required.
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INVESTIGATION FINDINGS:

1	On February 12, 2026 Licensing Program Analyst (LPA) B. Miranda arrived at the facility unannounced to
2	conduct interviews and deliver findings for the allegations listed above. LPA met Interim Administrator-
3	Vivian Villegas.
4	
5	Regarding the allegation: Staff are mismanaging resident's medications. LPA reviewed R1 and R2's
6	medications. R2 was not assisted with medication as needed/prescribed. LPA observed the following:
7	R2's medication Ropinirole HCL1 MG Tablet- Take 1 tablet by mouth at bedtime. This medication is
8	showing with a start date of 1/15/2026, the bubble pack holds 30 pills with 5 pills still in the bubble pack.
9	LPA reviewed MARs which did not indicate the medication was missed or refused by the resident. The
10	MARs shows this medication has been taken every night as prescribed, at 8:00 PM from January 15,
11	2026 thru February 11, 2026. R2 has too many pills left in the bubble pack, which indicates medication
12	was missed or not given on three different occasions.
13	

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Brenda Chan

LICENSING EVALUATOR NAME: Brianna Miranda
LICENSING EVALUATOR SIGNATURE:

DATE: 02/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/12/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

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Control Number 24-AS-20251120143046

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SIERRA CASCADE AC/SC, 1314 E SHAW AVE
FRESNO, CA 93710

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: MARBELLA VISALIA

FACILITY NUMBER: 547200844

VISIT DATE: 02/12/2026

NARRATIVE

1 R2's medication Diclofenac SOD DR 50MG Tab. LPA observed a bubble pack labeled as morning and
 2 was observed to have the correct amount was dispensed, the evening bubble pack shows with a start
 3 date of 1/15/2026, the bubble pack holds 30 pill, there are three pills left which indicates on one
 4 occasion R2 missed or refused their medication, the MARS does not indicate pill missed or refused.
 5 Based on interviews and records reviewed, the preponderance of evidence standard has been met,
 6 therefore the above allegation is found to be SUBSTANTIATED.
 7
 8 Regarding the allegation: Staff are not following resident's care plan as required. LPA reviewed R3 and
 9 R4's files which did not have a Home Health Care Plan which indicates there is no plan to follow. Based
 10 on interviews and records reviewed, the preponderance of evidence standard has been met, therefore
 11 the above allegation is found to be SUBSTANTIATED.
 12
 13 Regarding the allegation: Staff are not following reporting requirements as required. Interviews were
 14 conducted with staff and residents. R1 had fallen in November 2025 and a report was not sent to the
 15 Dept. Based on records reviewed, the preponderance of evidence standard has been met, therefore the
 16 above allegation is found to be SUBSTANTIATED.
 17
 18 TSP offered and accepted.
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 20
 21 Deficiencies were cited under Title 22. Exit interview was conducted and copy of this report LIC9099,
 22 LIC9099D, and appeal rights were provided to Interim Administrator- Vivian Villegas.
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SUPERVISORS NAME: Brenda Chan

LICENSING EVALUATOR NAME: Brianna Miranda

LICENSING EVALUATOR SIGNATURE:

DATE: 02/12/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/12/2026

LIC9099 (FAS) - (06/04)

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FRESNO, CA 93710

COMPLAINT INVESTIGATION REPORT (Cont)

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/13/2026 Section Cited CCR 87465(a)(4)	1 87465 Incidental Medical and Dental 2 Care 3 (a) A plan for incidental medical and 4 dental care shall be developed by each 5 facility. The plan shall encourage 6 routine medical and dental care and 7 provide for assistance in obtaining such 8 care, by compliance with the following: 9 (4) The licensee shall assist residents 10 with self-administered medications as 11 needed. 12 This requirement is not met as 13 evidenced by: 14	Facility provided current training verification of MedTech staff. 1 2 3 4 5 6 7
	8 Based on observation, interview, and 9 record, facility did not comply with the 10 regulation listed above, which poses an 11 immediate health and safety risk to 12 residents in care. R2 was not assisted 13 with medication as needed/prescribed. 14 R2's medication Ropinirole HCL1 MG Tablet- Take 1 tablet by mouth at bedtime. This medication is showing with a start date of 1/15/2026, the bubble pack holds 30 pills, there are still 5 pills left in the bubble pack. LPA reviewed MARs which did not indicate the medication was missed or refused by the resident. The MARs shows this medication has been taken every night as prescribed, at 8:00 PM from January 15, 2026 thru February 11, 2026. R2 has too many pills left in the bubble pack, which indicates medication was missed or not given on three different occasions.	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.

SUPERVISORS NAME: Brenda Chan
 LICENSING EVALUATOR NAME: Brianna Miranda
 LICENSING EVALUATOR SIGNATURE: _____ DATE: 02/12/2026

I acknowledge receipt of this form and understand my appeal rights as explained and received.
 FACILITY REPRESENTATIVE SIGNATURE: _____ DATE: 02/12/2026

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** MARBELLA VISALIA**FACILITY NUMBER:** 547200844**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 02/12/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<p>Type B 02/19/2026 Section Cited CCR 87609(b)(4)(A-C)</p>	<p>87609 Allowable Health Conditions and the Use of Home Health Agencies (b) Incidental medical care may be provided to residents through a licensed home health agency provided the following conditions are met: (4) The licensee and home health agency agree in writing on the responsibilities of the home health agency, and those of the licensee in caring for the resident's medical condition(s). 1 2 (A) The written agreement shall reflect 3 the services, frequency and duration of 4 care. 5 (B) The written agreement shall include 6 day and evening contact information for 7 the home health agency, and the method of communication between the agency and the facility, which may include verbal contact, electronic mail, or logbook. (C) The written agreement shall be signed by the licensee or licensee representative, and representative of the home health agency, and placed in the resident's file. This requirement is not met as evidenced by:</p>	<p>Licensee was able to obtain copy of current Home Health Care Plan and will obtain plans for future residents.</p> <p>1 2 3 4 5 6 7</p>
	<p>8 9 Based on observation, interview, and 10 record, facility did not comply with the 11 regulation listed above, which poses a 12 potential health and safety risk to 13 residents in care. LPA reviewed R3 & 14 R4's files which did not have a Home Health Care Plan. The plans cannot be followed if there is no home health care plan on file.</p>	<p>8 9 10 11 12 13 14</p>
<p>Type B 02/19/2026 Section Cited CCR 87211(a)(1)(D)</p>	<p>87211 Reporting Requirements 2 (a) Each licensee shall furnish to the 3 licensing agency such reports as the 4 Department may require, including, but 5 not limited to, the following: 6 (1) A written report shall be submitted to 7 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. (D) Any incident which threatens the welfare, safety or health of any resident, such as psychological abuse</p>	<p>1 Licensee will send a statement 2 regarding steps taking to ensure reports 3 are sent out. verification will be sent to 4 the Dept by POC date. 5 6 7</p>

		of a resident by staff or other residents, or unexplained absence of any resident.	
	8 9 10 11 12 13 14	Based on observation, interview, and record, facility did not comply with the regulation listed above, which poses a potential health and safety risk to residents in care. LPA reviewed R1's incident reports which did not indicate R1's fall was reported to the Dept.	8 9 10 11 12 13 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.

SUPERVISORS NAME: Brenda Chan	
LICENSING EVALUATOR NAME: Brianna Miranda	
LICENSING EVALUATOR SIGNATURE:	DATE: 02/12/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/12/2026