

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 547201120
Report Date: 09/16/2025
Date Signed: 09/16/2025 04:42:56 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO ASC, 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 **09/10/2025** and conducted by Evaluator Sarah Hurt

PUBLIC	COMPLAINT CONTROL NUMBER: 24-AS-20250910101222
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FACILITY NAME: EVERGREEN RESIDENCE	FACILITY NUMBER: 547201120
ADMINISTRATOR: CORONADO, ESMERALDA	FACILITY TYPE: 740
ADDRESS: 3030 W. CALDWELL AVE	TELEPHONE: (559) 732-3265
CITY: VISALIA	ZIP CODE: 93277
CAPACITY: 40	DATE: 09/16/2025
MET WITH: Administrator, Esmeralda Coronado	UNANNOUNCED TIME BEGAN: 03:30 PM
	TIME COMPLETED: 05:00 PM

ALLEGATION(S):

1	Staff hit a resident
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Sarah Hurt conducted an unannounced facility visit to investigate the
2	allegations listed above. LPA met with facility Administrator, Esmeralda Coronado, and explained the
3	purpose of today's visit.
4	
5	Regarding the allegation Staff hit a resident. Based on interviews and documents reviewed Resident 1
6	has been having aggressive behaviors recently including being argumentative with staff and other
7	residents. On 09/09/2025 Resident 1 was involved in an altercation with Resident 2. Resident 2 hit
8	Resident 1 on the head during this altercation. Resident 1 was not hit by facility staff. 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.
11	
12	No deficiencies cited today Per title 22 Regulations.
13	Exit interview conducted with facility Administrator, Esmeralda Coronado, and copy of report provided

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan

NAME OF LICENSING PROGRAM ANALYST: Sarah Hurt

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/16/2025

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