

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 547201120  
Report Date: 12/17/2025  
Date Signed: 01/05/2026 03:42:09 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/09/2025** and conducted by Evaluator Sarah Hurt

	<b>COMPLAINT CONTROL NUMBER: 24-AS-20251209104409</b>
--	---

<b>FACILITY NAME:</b> EVERGREEN RESIDENCE	<b>FACILITY NUMBER:</b> 547201120
<b>ADMINISTRATOR:</b> CORONADO, ESMERALDA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 3030 W. CALDWELL AVE	<b>TELEPHONE:</b> (559) 732-3265
<b>CITY:</b> VISALIA	<b>STATE:</b> CA
<b>CAPACITY:</b> 40	<b>ZIP CODE:</b> 93277
	<b>CENSUS:</b> 30
	<b>DATE:</b> 12/17/2025
<b>MET WITH:</b> Administrator, Esmeralda Corona	<b>UNANNOUNCED TIME BEGAN:</b> 05:01 PM
	<b>TIME COMPLETED:</b> 06:00 PM

#### ALLEGATION(S):

1	Staff did not meet a resident's incontinence need
2	
3	
4	
5	
6	
7	
8	
9	

#### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Sarah Hurt conducted an unannounced facility visit to deliver findings
2	on allegations listed. LPA met with Administrator Esmeralda Corona, and explained the purpose of
3	today's visit.
4	
5	Regarding the allegation Staff did not meet a resident's incontinence need. LPA was not able to interview
6	resident 1 as they are no longer a resident at this facility. LPA interviewed 3 facility staff who all stated
7	Resident 1 would attempt to physically attack them if they attempted to assist with incontinent care. Staff
8	stated they would not leave Resident 1 in a soiled brief but providing the assistance was challenging.
9	Although the allegation may have happened or is valid, there is not a preponderance of evidence to
10	prove the alleged violation did or did not occur, therefore the allegation is unsubstantiated.
11	
12	
13	No deficiencies Cited Per Title 22 Regulations.
	Exit interview conducted with Administrator Esmeralda Corona, and copy of report provided

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
------------------------	--------------------------------------

**SUPERVISORS NAME:** Brenda Chan

**LICENSING EVALUATOR NAME:** Sarah Hurt

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 12/17/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 12/17/2025

**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 1