

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 547201807
Report Date: 05/07/2025
Date Signed: 05/07/2025 01:50:47 PM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME:	SIERRA VILLAGE ASSISTED LIVING	FACILITY NUMBER:	547201807
ADMINISTRATOR/DIRECTOR:	RENATA PUCKETT	FACILITY TYPE:	740
ADDRESS:	73 MOLENSTRAAT	TELEPHONE:	(559) 713-1911
CITY:	VISALIA	STATE:	CA
CAPACITY:	15	ZIP CODE:	93277
TYPE OF VISIT:	Required - 1 Year	CENSUS:	10
		DATE:	05/07/2025
		UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 11:00 AM
		TIME VISIT/INSPECTION	COMPLETED: 02:00 PM
MET WITH:	Administrator: Mckayla Turner		

NARRATIVE	
1	On 5/7/2025, Licensing Program Analyst (LPA) J. Leffall arrived unannounced at the above facility to
2	conduct an Annual Inspection. LPA introduced self, stated the purpose of the visit, and was granted
3	entry to the facility by Administrator (A1) McKayla Turner. Administrator (A2) Renata Puckett arrived
4	shortly after.
5	
6	LPA toured the facility with the Administrator Turner. All pathways, entrances and exits were clear from
7	obstructions. The tour started in the front room and continued dining and kitchen. LPA observed
8	sufficient seating in the front room. At the entry a door on the left leads to activities room and a salon
9	area. Dining room has sufficient tables and chairs. LPA observed 3 residents watching television in
10	theater room. LPA observed a 7-day supply of non-perishable foods and a 2-day supply of perishable
11	foods. Tour continued to Residents Rooms. LPA toured several bedrooms which were observed to be
12	furnished with required furniture and adequate lighting. Bathrooms were properly equipped with non-slip
13	mats and grab bars. Fire extinguisher in hallway was last serviced on 8/14/2024 and was fully charged.
14	Linen supply is kept in the laundry room. Cleaning supplies and chemicals are kept locked in hallway
15	closet. Medications are kept in 2 locked Med carts in the staff office. LPA observed sufficient seating
16	under covered patio area in the back of the facility. Resident's records contained signed Admission
17	Agreement, Personal Rights, and current Physician's Report. Staff files were reviewed to have all of the
18	required documents. It was verified that there are at least two staff on duty who is CPR certified.
19	Medication review conducted. LPA observed 2 medications not logged in MARS sheet. First Aide kit
20	observed to have all of the required items.
21	
22	Deficiencies are being cited on the attached 809D in accordance with California Code of Regulations,
23	Title 22, Division 6.
24	
25	LPA is requesting the following documents be submitted to the Fresno CCL office by 5/21/2025: Current
	copy of Administrator Certificate, Designation of Facility Responsibility (LIC308), Administrator

Organization (LIC 309), Affidavit regarding Client/Resident Cash Resources (LIC 400), Emergency and Disaster Plan, Personnel Report (LIC500), Register of Facility Clients/Residents LIC9020.

Exit interview conducted. A copy of this report, with 809D and appeal rights were provided to A1 whose signature confirms receipt of this report.

NAME OF LICENSING PROGRAM MANAGER: See Moua
NAME OF LICENSING PROGRAM ANALYST: Jacques Leffall
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/07/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/07/2025

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

LIC809 (FAS) - (06/04)
California Health & Human Services Agency

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California Department of Social Services

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/licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

LIC809 (FAS) - (09/23)

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Created By: Jacques Leffall On 05/07/2025 at 01:37 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1314 E SHAW AVE FRESNO, CA 93710
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: SIERRA VILLAGE ASSISTED LIVING

FACILITY NUMBER: 547201807

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/07/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87465(a)(6)	
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Incidental Medical and Dental Care Services

(6) When requested by the prescribing physician or the Department, a record of dosages of medications which are centrally stored shall be maintained by the facility.	
This requirement is not met as evidenced by:	
	Deficient Practice Statement
1	Based on observation, interview, record review, the licensee did not comply with the section cited above in 2 out of 2 medications were not logged in resident's MARS which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 05/08/2025
	Plan of Correction
1	Licensee agrees to have all staff complete medication training and submit completion certificates to CCLD by POC due date.
2	
3	
4	

	Section Cited			
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	Deficient Practice Statement
1	
2	
3	
4	
	POC Due Date:
	Plan of Correction

1	
2	
3	
4	

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:	See Moua
NAME OF LICENSING PROGRAM ANALYST:	Jacques Leffall
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 05/07/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 05/07/2025