

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 547201807
Report Date: 07/06/2026
Date Signed: 07/06/2026 04:42:14 PM

Document Has Been Signed on 07/06/2026 04:42 PM - It Cannot Be Edited

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	ZIP CODE: 93277
CAPACITY:	15	CENSUS: 11	DATE: 07/06/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	09:17 AM
MET WITH:	Executive Director/ Administrator Renata Puckett	BEGAN: TIME VISIT/INSPECTION	04:30 PM
		COMPLETED:	

NARRATIVE	
1	On 7/06/2026, Licensing Program Analyst (LPA) K. Kaur 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 Staff. Executive Director/ Administrator Renata Puckett arrived shortly after.
4	
5	LPA toured the facility with Executive. All pathways, entrances and exits were clear from obstructions.
6	Facility noted to be maintained at a comfortable temperature. Resident lobby & dining room are
7	sufficiently furnished and observed with adequate lighting. LPA observed 4 residents playing a card
8	game in the dining room/ activities area. LPA observed a 7-day supply of non-perishable foods and a 2-
9	day supply of perishable foods. LPA toured several bedrooms which were observed to be furnished with
10	required furniture and adequate lighting. Bathrooms were properly equipped with non-slip mats and grab
11	bars. Fire extinguisher in hallway was last serviced on 8/4/2024 and was fully charged. Linen supply is
12	kept in the laundry room. Cleaning supplies and chemicals are kept locked in hallway storage closets.
13	Medications are kept in 2 locked Med carts in the staff office. LPA observed sufficient seating under
14	covered patio area in the back of the facility. Facility fire alarm system is inspected annually. Fire drill
15	conducted on 6/11/2026. Resident's records contained signed Admission Agreement, Personal Rights,
16	and current Physician's Report. Staff files were reviewed for good health. It was verified that there are at
17	least two staff on duty who are CPR certified. Medication review conducted. LPA observed three doses
18	of PRN medication were not logged.
19	
20	Deficiency is being cited on the attached 809D in accordance with California Code of Regulations, Title
21	22, Division 6.
22	
23	LPA is requesting the following documents be submitted to the Fresno CCL office by 7/13/2026: Current
24	copy of Administrator Certificate, Designation of Facility Responsibility (LIC308), Administrator
25	Organization (LIC 309), Affidavit regarding Client/Resident Cash Resources (LIC 400), Emergency and
	Disaster Plan, Personnel Report (LIC500), Register of Facility Clients/Residents LIC9020. An exit
	interview was conducted with Administrator. Report signed on-site; a copy of this report, 809D with
	appeal rights were provided.

NAME OF LICENSING PROGRAM MANAGER: Alexandria Walton	
NAME OF LICENSING PROGRAM ANALYST: Kamaldeep Kaur	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/06/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 07/06/2026

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/ 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.

Created By: Kamaldeep Kaur On 07/06/2026 at 03:44 PM
Link to Parent Document Below:

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FACILITY EVALUATION REPORT (Cont)	

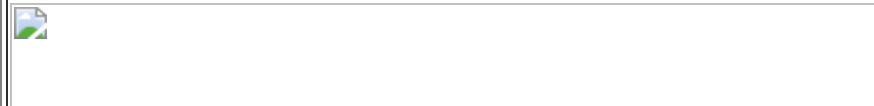
FACILITY NAME: SIERRA VILLAGE ASSISTED LIVING

FACILITY NUMBER: 547201807

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/06/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87465(c)(3)	
Incidental Medical and Dental Care Services					
(c) If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication, but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the resident with self-administration, provided all of the following requirements are met: (3) A record of each dose is maintained in the resident's record. The record shall include the date and time the PRN medication was taken, the dosage taken, and the resident's response.					
This requirement is not met as evidenced by:					
Deficient Practice Statement					
1	Based on observation, interview, and record review, the licensee did not comply with the section cited				
2	above in one out of one resident's PRN medication was not logged. Bubble pack had 1 pill remaining of				
3	30 pack and 26 logged doses were accounted for which poses an immediate health, safety or personal				
4	rights risk to persons in care.				
POC Due Date: 07/07/2026					
Plan of Correction					
1	Administrator to submit a statement of intent by due date to provide staff medication training for PRN				
2	medications regulations and submit completion certificates to CCLD when completed.				
3					
4					
Section Cited					
Deficient Practice Statement					
1					
2					
3					
4					
POC Due Date:					
Plan of Correction					
1					
2					
3					
4					

NAME OF LICENSING PROGRAM MANAGER:	Alexandria Walton
NAME OF LICENSING PROGRAM ANALYST:	Kamaldeep Kaur
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/06/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 07/06/2026