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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 547206596
Report Date: 08/10/2026
Date Signed: 08/10/2026 04:04:14 PM

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

FACILITY NAME:	QUAIL PARK MEMORY CARE RESIDENCES		FACILITY NUMBER:	547206596
ADMINISTRATOR/ DIRECTOR:	OTERO-GROSS, LENETTE		FACILITY TYPE:	740
ADDRESS:	5050 TULARE AVENUE		TELEPHONE:	(559) 624-3560
CITY:	VISALIA	STATE: CA	ZIP CODE:	93277
CAPACITY: 44		CENSUS: 34	DATE:	08/10/2026
TYPE OF VISIT:	Case Management - Annual Continuation	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:32 AM
MET WITH:	Interim Administrator Trevin Willis		TIME VISIT/ INSPECTION COMPLETED:	03:00 PM

NARRATIVE

On 8/10/2026 Licensing Program Analyst (LPA) K.Kaur conducted an unannounced Case Management Annual Continuation visit. LPA arrived, introduced self, and stated purpose of visit. LPA met with interim Administrator Trevin Willis, to conduct visit.

Annual continuation visit is being conducted to complete outstanding items from previous visit on 7/31/2026. Visit was a continuation for Medication audit, Fire drill, Restrictive Conditions service plans. Based on medication audit, R1 had two medications with missed dosage of medication. Centrally Stored Medication and Destruction Record was incomplete or medication was not logged. Last Fire drill was conducted on 7/23/2025.

Deficiencies are being cited on the attached 809D in accordance with California Code of Regulations, Title 22, Division 6. Immediate Civil Penalty assessed for Repeat violation California Code of Regulation 87465(a)(4).

Exit interview conducted and a plan of correction was reviewed and developed with Administrator Trevin Willis. A copy of this report and appeal rights were discussed and provided to Administrator whose signature on this form confirms receipt of this document.

Alexandria Walton
Kamaldeep Kaur

	**DATE:** 08/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

	DATE: 08/10/2026

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.

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Created By: Kamaldeep Kaur On 08/10/2026 at 02:00 PM
Link to Parent Document Below:

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

FACILITY NAME: QUAIL PARK MEMORY CARE RESIDENCES **FACILITY NUMBER:** 547206596
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 08/10/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87465(a)(4)	

Incidental Medical and Dental Care Services

(4) The licensee shall assist residents with self-administered medications as needed.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, interview, and record review, the licensee did not comply with the section cited above in one out of two resident's records reviewed. R1 had 1 dose missed of Gabapentin 300 MG and 7 missed doses of Metoprolol Succinate ER 25 which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 08/11/2026
	Plan of Correction
1 2 3 4	Administrator agrees to provide a statement of intent regarding med-tech in service training. Administrator will conduct audit to ensure all residents E-MAR medications match prescribed medications. Administrator to submit proof of training and findings of audit when completed.

		Section Cited			

	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:	Alexandria Walton
NAME OF LICENSING PROGRAM ANALYST:	Kamaldeep Kaur

LICENSING PROGRAM ANALYST SIGNATURE:	
	**DATE:** 08/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	**DATE:** 08/10/2026

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.695(c)	

Other Provisions

(c) A facility shall conduct a drill at least quarterly for each shift. The type of emergency covered in a drill shall vary from quarter to quarter, taking into account different emergency scenarios. An actual evacuation of residents is not required during a drill. While a facility may provide an opportunity for residents to participate in a drill, it shall not require any resident participation. Documentation of the drills shall include the date, the type of emergency covered by the drill, and the names of staff participating in the drill.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, interview, and record review, the licensee did not comply with the section cited above in one out of one. Last fire drill completed on 7/23/2025 which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 08/17/2026
	Plan of Correction
1 2 3 4	Administrator agrees to submit statement of intent to conduct fire drill with each shift and submit records when all staff have completed training.

	Type B	Section Cited	CCR	87465(h)(6)	

87465 Incidental Medical and Dental Care
(h)The following requirements shall apply to medications which are centrally stored: (6) The licensee shall be responsible for assuring that a record of centrally stored prescription medications for each resident is maintained for at least one year and includes:

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, interview, and record review, the licensee did not comply with the section cited above in 3 out of 3 residents centrally stored medication log was incomplete or medication was not logged which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 08/17/2026
	Plan of Correction

1 2 3 4	Administrator agrees to conduct in-service training and submit records of training by due date and log missing information into Centrally Stored Medication Log with medications and submit copies of logs when updated.

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: Alexandria Walton

NAME OF LICENSING PROGRAM ANALYST: Kamaldeep Kaur

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/10/2026