

# Department of SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 547208809  
**Report Date:** 11/10/2025  
**Date Signed:** 11/20/2025 07:58:03 AM

**Document Has Been Signed on** 11/20/2025 07:58 AM - **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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	PARK VISALIA ASSISTED LIVING	FACILITY NUMBER:	547208809
ADMINISTRATOR/DIRECTOR:	AMANDA KELSEY	FACILITY TYPE:	740
ADDRESS:	3939 WEST WALNUT AVENUE	TELEPHONE:	(559) 625-3388
CITY:	VISALIA	STATE:	CA
CAPACITY:	110	ZIP CODE:	93277
TYPE OF VISIT:	Case Management - Deficiencies	CENSUS:	74
		DATE:	11/10/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	08:29 AM
MET WITH:	Administrator Amanda Kelsey	TIME VISIT/INSPECTION COMPLETED:	09:15 AM

### NARRATIVE

1 Licensing Program Analyst (LPA) Shawna Doucette arrived at the facility unannounced to conduct a  
2 Case Management for incident which occurred on 09/12/25. LPA met with Administrator Amanda Kelsey.  
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5 LPA interviewed Administrator and reviewed records. Records and interviews revealed R1 was  
6 administered a narcotic medication in error.  
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10 Refer to 809d  
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12 A copy of this report was provided along with appeal rights and plan of corrections.  
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**NAME OF LICENSING PROGRAM MANAGER:** Alexandria Walton  
**NAME OF LICENSING PROGRAM ANALYST:** Shawna Doucette

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 11/10/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 11/10/2025

**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: Shawna Doucette On 11/10/2025 at 08:33 AM**  
**Link to Parent Document Below:**

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES          COMMUNITY CARE LICENSING DIVISION          , 1314 E SHAW AVE          FRESNO, CA 93710</p>
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**FACILITY NAME:** PARK VISALIA ASSISTED LIVING

**FACILITY NUMBER:** 547208809

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 11/10/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 11/11/2025 Section Cited CCR 87465(a)(4)	1 87465 Incidental Medical and Dental 2 Care (a) A plan for incidental medical 3 and dental care shall be developed by 4 each facility. The plan shall encourage 5 routine medical and dental care and 6 provide for assistance in obtaining such 7 care, by compliance with the following:	1 Licensee agrees to conduct a 2 medication training by POC due date 3 11/11/25. 4 5 6 7
	8 (4) The licensee shall assist residents 9 with self-administered medications as 10 needed. This requirement was not met 11 as evidenced by Licensee administer a 12 narcotic medication to R1 in error which 13 poses an immediate health safety and 14 or personal rights risk to residents in care.	

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Alexandria Walton
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Shawna Doucette

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/10/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/10/2025