

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 547208849  
Report Date: 05/28/2025  
Date Signed: 06/04/2025 10:50:18 AM

Document Has Been Signed on 06/04/2025 10:50 AM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1314 E SHAW AVE FRESNO, CA 93710
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	GLORY DAYS ASSISTED LIVING INC	FACILITY NUMBER:	547208849
ADMINISTRATOR/AGUILAR, MELINDA DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	1303 S PINKAM ST	TELEPHONE:	(559) 625-1452
CITY:	VISALIA	STATE: CA	ZIP CODE: 93292
CAPACITY: 10		CENSUS: 7	DATE: 05/28/2025
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME VISIT/INSPECTION	01:30 PM
MET WITH: Administrator (Admin) Melinda Aguilar		BEGAN: TIME VISIT/INSPECTION	06:30 PM
		COMPLETED:	

NARRATIVE	
1	An unannounced Annual visit was conducted on the date & times above by Licensing Program Analyst
2	(LPA) K. McClurg. LPA met with & greeted Administrator (Admin)
3	
4	Physical plant toured. Dining, living, & parlor rooms sufficiently furnished with adequate lighting. Kitchen
5	toured. Appliances at appropriate temperatures. 7 day supply of non-perishable & 2 supply of perishable
6	food on the premises. Sufficient supply of utensils, plates, drink wear. Knives inaccessible. Kitchen
7	appeared to be clean with no unpleasant odors. Resident bedrooms toured. Bedrooms appeared to be
8	sufficiently furnished with adequate lighting & to appear & smell to be clean with no unpleasant odors.
9	Physician's orders for 1/2 rails on file. Resident's receiving hospice care services with full rail have
10	physician's order on file. Required linens on bed. Sufficient supply of linens on the premises. Resident
11	bathrooms appeared to be clean with no unpleasant odors. Fixtures operational with grab bars in all
12	toilet, tub/shower areas. Non-skid surfaces in tub/shower. Sufficient supply of grooming items on the
13	premises.
14	
15	Facility, resident & staff records reviewed. Medications organized & appropriately labeled. Medication
16	documents, MARs, CSMDRs maintained.
17	
18	Designated location for cleansers & other items may be hazardous, maintained in a locked area
19	inaccessible to residents. Interior & exterior passageways free of obstructions. Ramps at front & back
20	doors. Property maintained & appeared neat/tidy with no miscellaneous debris or trash. Smoke &
21	carbon monoxide detectors operational. Fire extinguisher service date: 7/10/24.
22	
23	
24	Exit interview conducted with Admin. Report provided @ time of visit.
25	

NAME OF LICENSING PROGRAM MANAGER: See Moua

**NAME OF LICENSING PROGRAM ANALYST:** Kelly J. McClurg

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 05/28/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 05/28/2025

**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.