

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 547208849
Report Date: 05/05/2026
Date Signed: 05/05/2026 12:02:05 PM

Unfounded

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 04/29/2026 and conducted by Evaluator Martin Vega

	COMPLAINT CONTROL NUMBER: 24-AS-20260429102827
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FACILITY NAME:	GLORY DAYS ASSISTED LIVING INC	FACILITY NUMBER:	547208849
ADMINISTRATOR:	AGUILAR, MELINDA	FACILITY TYPE:	740
ADDRESS:	1303 S PINKHAM ST	TELEPHONE:	(559) 972-3641
CITY:	VISALIA	STATE: CA	ZIP CODE: 93292
CAPACITY:	10	CENSUS: 6	DATE: 05/05/2026
		UNANNOUNCED	TIME BEGAN: 09:46 AM
MET WITH:	Administrator - Melinda Aguilar	TIME COMPLETED:	12:15 PM

ALLEGATION(S):

1	Staff confined resident to a wheelchair
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INVESTIGATION FINDINGS:

1	On 5/5/2026, Licensing Program Analyst (LPA) M Vega conducted 10 day complaint investigation visit to the facility. LPA arrived at the facility and was granted access by staff and met with Administrator (AD) - Melinda Aguilar. During the course of this complaint investigation LPA obtained and/or reviewed facility records and conducted a Health and Safety check on the residents in care. It was determined based on the record review that the above allegation is UNFOUNDED.
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6	Allegation: "Staff confined resident to a wheelchair" - per review of resident files there is a hospice order for postural supports for R1. Order is signed by Physician and Registered Nurse. All residents that need postural support have proper documentation.
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9	This agency has investigated the above allegation and has determined them to be UNFOUNDED. This means that the allegation was false, could not have happened or is without a reasonable basis. We have found that the complaint was unfounded, therefore we have dismissed the allegations.
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11	No deficiencies issued during this inspection. An exit interview was conducted with the Administrator - Melinda Aguilar. A copy of this report was given to AD whose signature on this form confirms receipt of this report.
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Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Alexandria Walton
LICENSING EVALUATOR NAME: Martin Vega
LICENSING EVALUATOR SIGNATURE:

DATE: 05/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/05/2026