

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 547209004
Report Date: 05/20/2026
Date Signed: 05/21/2026 10:23:20 AM

Unsubstantiated

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 **01/08/2026** and conducted by Evaluator Les Xiong

PUBLIC	COMPLAINT CONTROL NUMBER: 24-AS-20260108093931
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FACILITY NAME:	QUAIL PARK AT SHANNON RANCH	FACILITY NUMBER:	547209004
ADMINISTRATOR:	MOYER, JEFF	FACILITY TYPE:	740
ADDRESS:	3330 & 3440 W FLAGSTAFF AVE	TELEPHONE:	(559) 527-8245
CITY:	VISALIA	STATE:	CA
CAPACITY:	150	ZIP CODE:	93291
		CENSUS:	116
		DATE:	05/20/2026
		UNANNOUNCED TIME BEGAN:	03:09 PM
MET WITH:	Cynthia Fumagalli	TIME COMPLETED:	03:30 PM

ALLEGATION(S):

1	Staff do not ensure residents physician reports are updated
2	Licensee does not ensure staff are properly trained
3	Staff do not ensure medications are dispensed as prescribed
4	Staff do not ensure medications are properly managed and accounted for
5	Staff do not ensure adequate care supervision is provided resulting in resident falls
6	
7	
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) L. Xiong conducted the complaint investigation visit to the facility. LPA
2	met with Wellness Nurse Cynthia Fumagalli and spoke to Administrator Kim Santos on the phone and
3	informed them the purpose of the visit.
4	
5	During this visit LPA delivered investigation findings regarding the above allegations. The Department has
6	investigated the complaint alleging: Staff do not ensure residents physician reports are updated,
7	Licensee does not ensure staff are properly trained, Staff do not ensure medications are dispensed as
8	prescribed,
9	Staff do not ensure medications are properly managed and accounted for, and Staff do not ensure
10	adequate care supervision is provided resulting in resident falls. Based on the interviews conducted
11	and/or records review the above allegations are UNSUBSTANTIATED. Although the allegation may have
12	happened or is valid, there is not a preponderance of evidence to prove the alleged violations did or did
13	not occur, therefore the allegations are unsubstantiated.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Alexandria Walton

LICENSING EVALUATOR NAME: Les Xiong

LICENSING EVALUATOR SIGNATURE:

DATE: 05/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/20/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

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