

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 547209374
Report Date: 08/11/2026
Date Signed: 08/11/2026 06:19:23 PM

Document Has Been Signed on 08/11/2026 06:19 PM - 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	
FACILITY EVALUATION REPORT			
FACILITY NAME: GRAND OAKS ASSISTED LIVING		FACILITY NUMBER:	547209374
ADMINISTRATOR/LEMA, ALENA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	999 NORTH M STREET	TELEPHONE:	(559) 684-1001
CITY:	TULARE	STATE: CA	ZIP CODE: 93274
CAPACITY:	85	CENSUS: 73	DATE: 08/11/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION
			01:02 PM
			BEGAN:
			TIME VISIT/INSPECTION
			06:30 PM
			COMPLETED:
MET WITH: Administrator Alena Lema			

NARRATIVE	
1	Licensing Program Analysts (LPA) B. Miranda conducted an unannounced visit today August 11, 2026 for the facility's annual inspection. LPA introduced themselves and was allowed entrance into the facility. LPA met with Administrator Alena Lema.
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5	Facility is licensed for 85 residents and has a current census of 73. There are 4 residents on hospice and 2 with home health. Facility is licensed for 1 bedridden resident and currently has 3 bedridden residents (not including a hospice resident). Each room has it's own exit. Water temperature was checked in 2 resident bathrooms which read at 120 degree Farhient. Fire Extinguisher was serviced April 7, 2026 and is within the safety regulation period. Sprinkler system was inspected on July 21, 2026 and passed with no issues. Carbon monoxide detectors are in every wings and a sample was tested and in working order.
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9	Alena Lema's Administrator Certification expires July 3, 2028. Staff files were reviewed, are complete, and current. Resident files were reviewed, complete, and current. Facility provided a log for disaster drills that are conducted quarterly. First aid kit on site. Toxins and cleaning supplies are locked and inaccessible. There is a locked storage for medications.
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13	LPA inspected the interior of the facility including the common living spaces, resident bedrooms, bathrooms, medication storage, & kitchen. Bedrooms were clean, properly furnished, with adequate lighting, and in good repair. Food supply is adequate for 2-day perishable and 7-day nonperishable.
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17	Deficiencies observed were cited during today's inspection per California Code of Regulations, Title 22.
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21	LPA is requesting the following documents: LIC 500 Personnel Report, LIC 308 Designation of Administrative Responsibility, LIC 610-E the Emergency Disaster Plan and copy of current Administrator's Certificate to update the facility file. Listed documents shall be sent to Licensing August 21, 2026.
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Alexandria Walton
Brianna Miranda



DATE: 08/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/11/2026

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

LIC809 (FAS) - (06/04)

California Health & Human Services Agency

Page: 1 of 3

California Department of Social Services

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.

Created By: Brianna Miranda On 08/11/2026 at 05:31 PM
Link to Parent Document Below:

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

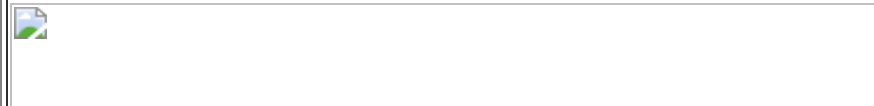
FACILITY NAME: GRAND OAKS ASSISTED LIVING

FACILITY NUMBER: 547209374

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/11/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type B	Section Cited	CCR	87202(a)(2)	
Fire Clearance					
(a) All facilities shall maintain a fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal. Prior to accepting or retaining any of the following types of persons, the applicant or licensee shall notify the licensing agency and obtain an appropriate fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal: (2) Bedridden persons					
This requirement is not met as evidenced by:					
	Deficient Practice Statement				
1	Based on observation, interview, & record review, the licensee did not comply with the section cited above due to facility being cleared for 1 bedridden and having 3 bedridden residents, which poses/posed a potential health, safety or personal rights risk to persons in care.				
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	POC Due Date: 08/18/2026				
	Plan of Correction				
1	Administrator will have a new fire clearance for bedridden and updated sketch sent to the Dept by POC due date.				
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		Section Cited			
	Deficient Practice Statement				
1					
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	POC Due Date:				
	Plan of Correction				
1					
2					
3					
4					

NAME OF LICENSING PROGRAM MANAGER:	Alexandria Walton
NAME OF LICENSING PROGRAM ANALYST:	Brianna Miranda
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 08/11/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 08/11/2026