

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 157209395
Report Date: 02/13/2025
Date Signed: 02/13/2025 12:55:47 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		FRESNO RO, 1314 E SHAW AVE	
		FRESNO, CA 93710	
FACILITY NAME: GARNSEY GARDEN		FACILITY NUMBER:	157209395
ADMINISTRATOR/LAZAGA, CECILIA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(661) 563-1761
ADDRESS: 364 GARNSEY AVENUE	STATE: CA	ZIP CODE:	93309
CITY: BAKERSFIELD	CENSUS: 4	DATE:	02/13/2025
CAPACITY: 6	UNANNOUNCED TIME VISIT/	INSPECTION	10:08 AM
TYPE OF VISIT: Required - 1 Year	BEGAN:	TIME VISIT/	
MET WITH: Administrator Jethronel Lazaga	INSPECTION	COMPLETED:	01:15 PM

NARRATIVE	
1	Licensing Program Analysts (LPA) Shawna Doucette arrived at the facility unannounced to conduct the
2	Required Annual Inspection. LPA met with Administrator Jethronel Lazaga. LPA disclosed the purpose of
3	the inspection and was granted entry into the facility by Staff. Staff contacted Administrator via
4	telephone who responded to assist with the visit.
5	
6	A tour of the facility was conducted with the Administrator.
7	
8	Residents' rooms were toured and inspected and observed to be clean. Hot water temperature was
9	measured from 133.9.
10	
11	Kitchen toured, supply of food observed and food stored properly for perishable and nonperishable.
12	Medications were stored in a locked Medication closet. LPA observed medications on office desk. Office
13	is not a locked room making medications accessible to residents. One of R1's medication was not
14	logged on centrally stored log to indicate whether or not R1 is receiving medications as prescribed.
15	
16	Cleaning supplies were in a locked storage closet in the garage. Facility has a pull station fire alarm.
17	Fire extinguishers were charged and had service dates of 1/06/25. Smoke detectors and carbon
18	monoxide were operating.
19	
20	There was outdoor seating for the residents under a covered patio. Facility has a pool that is gated and
21	locked, making it inaccessible to residents in care.
22	
23	Resident, medication and staff records were reviewed. Current first aid and CPR were on file for staff.
24	
25	Refer to 809D

An exit interview was conducted with the Administrator. A copy of this report, plan of correction and appeal rights were provided.

NAME OF LICENSING PROGRAM MANAGER: Alexandria Walton
NAME OF LICENSING PROGRAM ANALYST: Shawna Doucette
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/13/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/13/2025

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

LIC809 (FAS) - (06/04)

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Created By: Shawna Doucette On 02/13/2025 at 12:30 PM
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
, 1314 E SHAW AVE
FRESNO, CA 93710

FACILITY NAME: GARNSEY GARDEN

FACILITY NUMBER: 157209395

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/13/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type A	Section Cited	CCR	87465(a)(4)
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Incidental Medical and Dental Care Services

(4) The licensee shall assist residents with self-administered medications as needed.

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 in not having R1's medication logged on centrally stored log to indicate a start date or how many pills were recieved to verify if R1 was receiving daily medication, which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 02/14/2025	
Plan of Correction	
1	Licensee agrees to submit a written statement on how this regulation will be met by POC due date 02/14/25
2	
3	
4	

Type A	Section Cited	CCR	87303(e)(2)
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(e) Water supplies and plumbing fixtures shall be maintained as follows:

(2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degree C) and not more than 120 degree F (49 degree C).

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 in Master Bathroom water temperature measured at 133.9 F which poses an immediate health,
2	

3	safety or personal rights risk to persons in care.
4	
POC Due Date: 02/14/2025	
Plan of Correction	
1	Licensee agrees to submit of photo of the water temperature measuring in between 105 F and 120 F by
2	POC due date 02/14/24.
3	
4	

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

SUPERVISOR'S NAME:	Alexandria Walton
LICENSING EVALUATOR NAME:	Shawna Doucette
LICENSING EVALUATOR SIGNATURE:	
	DATE: 02/13/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 02/13/2025

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: GARNSEY GARDEN

FACILITY NUMBER: 157209395

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/13/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87465(h)(2)	
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Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored: (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.

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
2	above in Licensee left two refill bags of medications on the desk in the unlocked office making it
3	accessible to residents in care, which poses/posed a potential health, safety or personal rights risk to
4	persons in care.
POC Due Date: 02/14/2025	
Plan of Correction	
1	Licensee agrees to conduct training for staff to ensure medications are locked at all times by POC due
2	date 02/14/25
3	
4	

		Section Cited			
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	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 2 3 4	

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

SUPERVISOR'S NAME:	Alexandria Walton
LICENSING EVALUATOR NAME:	Shawna Doucette
LICENSING EVALUATOR SIGNATURE:	
	DATE: 02/13/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
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