

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 157209395

Report Date: 02/06/2026

Date Signed: 02/06/2026 02:57:32 PM

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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:	GARNSEY GARDEN	FACILITY NUMBER:	157209395
ADMINISTRATOR/DIRECTOR:	LAZAGA, CECILIA	FACILITY TYPE:	740
ADDRESS:	364 GARNSEY AVENUE	TELEPHONE:	(661) 563-1761
CITY:	BAKERSFIELD	STATE:	CA
CAPACITY:	6	ZIP CODE:	93309
TYPE OF VISIT:	Required - 1 Year	CENSUS:	4
		DATE:	02/06/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	10:15 AM
MET WITH:	Administrator Jethronel Lazaga	TIME VISIT/INSPECTION COMPLETED:	03:30 PM

NARRATIVE

1 Licensing Program Analysts (LPA) J. Duarte arrived at the facility unannounced to conduct the Required
2 Annual Inspection. LPA met with Administrator Jethronel Lazaga. LPA disclosed the purpose of the
3 inspection and was granted entry into the facility. A tour of the facility was conducted with the
4 Administrator.
5
6 The facility was observed to be at a temperature of 72 degrees F, clean and no passageway
7 obstructions were observed. The living room has sufficient seating for residents. Living room has a
8 fireplace with a cover. The kitchen was toured and LPA observed an adequate supply of perishable and
9 non-perishable food. The facility stores kitchen knives in a locked cabinet.
10
11 All bedrooms were toured and observed to have the required furniture and adequate lighting. Bathrooms
12 were observed operational, with non-skid strips and grabbed bars observed for the showers and toilets.
13 The hallway restroom hot water measured at 109 degrees F and the hot water to the restroom
14 connected to the room measured at 108 degrees F.
15
16 The garage and outside of the facility was toured. The facility has a dryer and washer in the garage. The
17 facility has an additional refrigerator and freezer in the garage with an additional food supply. LPA
18 observed disinfectants, chemicals, tools, and paint unlocked. The facility has a pool that is gated and
19 locked. The facility has seating and tables under the patio.
20
21 The carbon monoxide/smoke detector was observed operational during inspection. Medications
22 observed kept locked in hallway closet. Medications were reviewed along with MARS and observed
23 medication for a resident was not logged on the centrally stored log to indicate a start date or how many
24 pills were received to verify if the resident was receiving medication as prescribed. A first aid kit is stored
25 with the medication and was complete. A sample of resident files and staff files were also reviewed and
observed to have required documentation. Two fire extinguishers were observed with a service date of
01/19/26.

NAME OF LICENSING PROGRAM MANAGER: Serigy Pidgirny**NAME OF LICENSING PROGRAM ANALYST:** Jimmy Duarte**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 02/06/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 02/06/2026**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.

LIC809 (FAS) - (09/23)

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

FACILITY NAME: GARNSEY GARDEN

FACILITY NUMBER: 157209395

VISIT DATE: 02/06/2026

NARRATIVE	
1	Continued from LIC 809.
2	
3	A repeat deficiency is being cited on the attached LIC 809D in accordance to California Code of
4	Regulations, Title 22, Division 6.
5	
6	An exit Interview was conducted. A copy of this report and appeal rights were provided to AD, whose
7	signature on this form confirms receipt of this report.
8	
9	LPA requested the following <u>updated</u> forms be faxed to CCL Department: Designation of Facility Responsibility
10	(LIC308), Administrative Organization (LIC309), Personnel Report (LIC 500), Proof of current Liability
11	Coverage. Please submit these documents by 02/13/26 .
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NAME OF LICENSING PROGRAM MANAGER: Serigy Pidgirny	
NAME OF LICENSING PROGRAM ANALYST: Jimmy Duarte	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 02/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/06/2026
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LIC809 (FAS) - (06/04)

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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: GARNSEY GARDEN **FACILITY NUMBER:** 157209395
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 02/06/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87309(a)	
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Storage Space and Access

(a) Except as specified in subsection (b), the licensee shall ensure that disinfectants, cleaning solutions, poisonous substances, knives, matches, tools, sharp objects, and other similar items which could pose a danger to residents are in locked storage and are not left unattended if outside the locked storage.

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 that LPA observed disinfectants, chemicals, tools, and paint unlocked, which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 02/10/2026	
Plan of Correction	
1	Administrator locked away disfectants, chemicals, tools, and paint during visit. POC cleared during visit.
2	
3	
4	

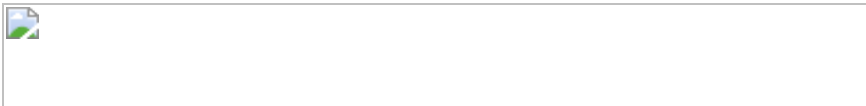
	Type B	Section Cited	CCR	87465(a)(4)	
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(4) The licensee shall assist residents with self-administered medications as needed.

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 received to verify if R1 was receiving medication as prescribed, which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 02/10/2026	
Plan of Correction	
1	Licensee agrees to submit a written statement on how this regulation will be met by POC due date. Administrator provided a writted statement during vist. POC cleared during visit.
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.

NAME OF LICENSING PROGRAM	Serigy Pidgirny
MANAGER:	
NAME OF LICENSING PROGRAM	Jimmy Duarte
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/06/2026