

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 405800467
Report Date: 10/07/2025
Date Signed: 10/07/2025 04:13:32 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME:	GARDEN CREEK	FACILITY NUMBER:	405800467
ADMINISTRATOR/AUDIE SHERBERG		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	73 BROAD STREET	TELEPHONE:	(805) 543-2311
CITY:	SAN LUIS OBISPO	STATE: CA	ZIP CODE: 93405
CAPACITY: 72		CENSUS: 61	DATE: 10/07/2025
TYPE OF VISIT:	Case Management - Annual Continuation	UNANNOUNCED TIME VISIT/ INSPECTION	09:30 AM
MET WITH:	Administrator - Audie Sherberg	BEGAN: TIME VISIT/ INSPECTION	04:45 PM
		COMPLETED:	

NARRATIVE	
1	At 9:30am, on 10/7/2025, Licensing Program Analyst (LPA) Haner-Tomasko arrived at the facility
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5	LPA and the Administrator in Training Erika Consebida and the Maintenance Supervisor conducted a full tour of all three floors of the facility. The first floor contains the main lobby, staff room, administrative office spaces, kitchen, dining room (with communal, private and outdoor dining areas), an activities room, seventeen resident bedrooms, and an outdoor courtyard in the middle with seating and shade for residents and visitors. The second floor has a beauty salon, medication room, a common area with seating and a full kitchen for cooking activities, twenty-six resident bedrooms, the laundry room through a locked door for resident safety and an outdoor patio space overlooking the central courtyard with seating and shade. The third floor includes, an activity room, twenty-one resident bedrooms, and an outdoor terrace overlooking the east side of the surrounding area with seating areas. All resident bedrooms have an on-suite bathroom and a kitchenette. LPA tested facility hot water in several bedrooms throughout the facility ranging from 109.5 - 115.6*(f), within regulation temperatures 105*-120* (f). The main kitchen faucets are not used by residents and deliver water hotter than 125*(f) and the faucets are marked with signage indicating the hot water per regulation. LPA observed at least 2-days of perishable and at least 7-days of nonperishable foods in the main kitchen. Each floor has community use restrooms. The facility has two elevators, serviced on 6/27/2025 and emergency evacuation chairs at the top of the two stairwells. LPA noted that the facility is in good repair with no obstructions in hallways, doorways or exits.
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NAME OF LICENSING PROGRAM MANAGER:	Kelly Burley
NAME OF LICENSING PROGRAM ANALYST:	Garrett Haner-Tomasko

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/07/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/07/2025

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: GARDEN CREEK

FACILITY NUMBER: 405800467
VISIT DATE: 10/07/2025

NARRATIVE	
1	<p>The facility offers activities to all residents in care. Daily activities are displayed on a white board next to the reception desk and a monthly activity schedule is provided in print to the residents.</p> <p>LPA conducted a sample medication audit and reviewed the facilities Centrally Stored Medication Records (CSMR), finding eleven medications of the five resident CSMRs reviewed not documented. Staff stated if the LPA audited all the resident CSMRs who receive medication administration assistance from the facility the LPA would find more medications not documented per regulation.</p> <p>The facility employs approximately 67 staff and 1 Administrator. Staff records are kept confidential. LPA reviewed a sample number of staff files for current 1st Aid/CPR, Health screening with TB results, training and fingerprint clearance. Administrator has current certification. While reviewing medication technician training required by the California Health and Safety Code (HSC) the facility could not provide the required annual training documentation for any of the medication technicians and the Vice President of Operations Lisa Hulse stated they do not have their current required training. Lisa stated the facility is currently working with a new training company to provide all required initial and annual staff training. The facility keeps separate files on each resident confidentially. LPA reviewed a sample number of resident files for signed Admission Agreements and Appraisals/Reappraisals.</p> <p>LPA and Administrator conducted a review of the annual care tool modules. Citations issued at this time.</p> <p>Exit interview conducted, deficiencies cited on the LIC809-D page, report signed, and report provided to the Administrator.</p>
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NAME OF LICENSING PROGRAM MANAGER: Kelly Burley	
NAME OF LICENSING PROGRAM ANALYST: Garrett Haner-Tomasko	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 10/07/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 10/07/2025

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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** GARDEN CREEK**FACILITY NUMBER:** 405800467**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 10/07/2025**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87465(h)(6)	
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Incidental Medical and Dental Care (h) The following requirements shall apply to medications which are centrally stored:

(6) The licensee shall be responsible for assuring that a record of centrally stored prescription medications for each resident is maintained for at least one year and includes: (A) The name of the resident for whom prescribed. (B) The name of the prescribing physician. (C) The drug name, strength and quantity. (D) The date filled. (E) The prescription number and the name of the issuing pharmacy.

This requirement is not met as evidenced by:

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, interview, and record review, the licensee did not comply with the section cited above when a total of 11 medications were found not documented on the facility Centrally Stored Medication Records of the five resident files reviewed which poses a potential health, safety or personal rights risk to persons in care.
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POC Due Date: 10/21/2025

Plan of Correction

1	Administrator states they will create a written procedure to document all resident medication managed by the facility into the centrally stored medication record. All staff that handle medications will be trained on this procedure. The training documentation, written procedure and signed staff roster will be emailed to the LPA on or before 10/21/2025. An audit will be conducted of all medications and the Centrally Stored Medication Records.
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	Type B	Section Cited	HSC	1569.69(b)	
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Employees assisting residents with self-administration of medication; training requirements
(b) Each employee who received training and passed the examination required in paragraph (5) of subdivision (a), and who continues to assist with the self-administration of medicines, shall also complete eight hours of in-service training on medication-related issues in each succeeding 12-month period.

This requirement is not met as evidenced by:

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on interview and record review, the licensee did not comply with the section cited above when they could not provide documentation of annual medication training for any of their medication technicians which poses a potential health, safety or personal rights risk to persons in care.
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POC Due Date: 11/06/2025

Plan of Correction

1	Administrator states the facility has already switched to a new training system and staff have been assigned their training through this system. Administrator will ensure all medication-technicians have received their annual 8 hours of medication training and provide documentation to the LPA via email on or before 11/6/2025.
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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 MANAGER:	Kelly Burley
NAME OF LICENSING PROGRAM ANALYST:	Garrett Haner-Tomasko

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/07/2025

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FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/07/2025