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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 405850174
Report Date: 07/22/2026
Date Signed: 07/22/2026 03:10:25 PM

Document Has Been Signed on 07/22/2026 03:10 PM **- It Cannot Be Edited**

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

FACILITY NAME:	GARDEN HOUSE MORRO BAY		FACILITY NUMBER:	405850174
ADMINISTRATOR/ DIRECTOR:	REBECCA A. MICHEL		FACILITY TYPE:	740
ADDRESS:	480 MAIN ST		TELEPHONE:	(805) 772-7181
CITY:	MORRO BAY	STATE: CA	ZIP CODE:	93442
CAPACITY: 15		CENSUS: 14	DATE:	07/22/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	01:00 PM
MET WITH:	Isabel Lopez, House Manager		TIME VISIT/ INSPECTION COMPLETED:	03:20 PM

NARRATIVE

Licensing Program Analyst (LPA) De Leon arrived at 1:00 pm to conducted a 1 year annual visit to the facility above. LPA met with House Manager Isabel Lopez and explained the purpose of the visit. LPA spoke with Administrator and was provided an LIC. 308 to met with House Manager to conduct the visit. A tour of the inside and outside of the facility with Administrator. The following was inspected and noted during the annual visit:

Infection Control: The facility has submitted an Infection Control Plan. The facility has a sign in and out binders for visitors at entry with hand sanitizer. The bathrooms have toilet paper, paper towels, hand soap, and hand washing signs. The facility has EPA approved disinfectants spray and cleaners. The facility has a 30 day supply of PPE. Quarantined or isolated individuals will have meals and medication delivered to rooms. Staff are trained on infection control and the use of Personal Protective Equipment (PPE) initially upon hire and annually thereafter.

Physical Plant & Environment Safety: The facility has 14 bedrooms (1 shared room), 4 bathrooms, and 1 shower room for resident use currently occupying 14 residents. 1 common area restroom designated for staff and visitors. The facility is clean, safe and sanitary. LPA was authorized to enter and inspect facility. The facility has smoke detectors which are hard wired, and a sprinkler system. The facility has 3 carbon monoxide detectors. The lighting and lamps are sufficient for the use of the facility and for resident comfort. Toilet, hand washing and bathing facilities are operational and secured grab bars are present. Non-slip mats and textured bottoms on the shower floors are present. All pathways are clear of any obstructions. Facility is well lit inside and outside for safety. Disinfectant, cleaning solutions and poisons are inaccessible to residents in care locked in laundry room. The laundry room has a working washer and dryer. The facility has sufficient space inside and outside for activities and visiting. The facility has a courtyard for resident use with an umbrella for shade and self-closing, self-latching coded gate to exit. The facility has 5 doors with delayed egress. The facility has telephone and internet service for resident use. The facility has three sitting areas throughout the facility for resident use.

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Kelly Burley
Rachael De Leon

	DATE: 07/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

	DATE: 07/22/2026

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364

FACILITY NAME: GARDEN HOUSE MORRO BAY **FACILITY NUMBER:** 405850174

VISIT DATE: 07/22/2026

NARRATIVE

Operational Requirements: The facility has a current plan of operation on file with the department. The Facility is operating in compliance with the granted fire clearance. The facility has current liability insurance and expires on 09/02/2026. The facility is approved for a capacity of 15 non-Ambulatory of which all may be bedridden and a Hospice waiver for 8 residents.

Resident Rights Information: All require postings were posted in the common area of the facility. Personal rights, Rights to Resident Council, Theft and Loss policy, and Non-discrimination notice. CCL Complaint poster is posted in the entryway of the facility and LTCO poster was posted in the common area. Visitation policy is posted at entry. Internet is provided to residents with confidentiality and privacy.

Food Service: The facility handles and prepares food safely. The facility has 2-day perishables and 7-day non-perishables to meet the food service requirement. All food is covered, stored, and marked appropriately. Food, snacks, and drinks are available when the residents want them. Emergency supply of food and water is available. Cleaning solutions and equipment are stored separately from food supplies. Kitchen areas are kept clean and free from litter and insects. The kitchen has two closing gates at each end of the kitchen to keep dementia residents safe.

Incidental Medical Services: Facility provides transportation to medical and dental appointments when needed. The medications records were reviewed. The facility uses a form that has the same information as the Medication Administration Record (MAR) along with the Centrally Stored Medication and Destruct Records (CSMDR). Medications were checked for expiration dates, stored in original containers and no labels were altered.

Disaster Preparedness: Fire extinguishers were charged and last inspected on 06/01/2026.

Residents with Special Health Needs: The facility does accept dementia residents in care. All items that could pose a danger such as sharps, and cleaners were locked and inaccessible to residents in care. The facility does have delayed egress. The facility does currently have 2 resident with oxygen. The facility has 2 hospice residents in care. Hospice care plans are kept on file and up to date. The facility currently has 2 residents on Home Health services.

LPA will need additional time to conduct annual and will return at a later date to complete the annual. Exit interview conducted and copy of report printed for House Manager.

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley
NAME OF LICENSING PROGRAM ANALYST: Rachael De Leon
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 07/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/22/2026