

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 405850249
Report Date: 05/20/2026
Date Signed: 05/21/2026 07:54:32 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364	
FACILITY EVALUATION REPORT			
FACILITY NAME: INGLESIDE ASSISTED LIVING		FACILITY NUMBER:	405850249
ADMINISTRATOR/DAUGHERTY, NIKOLE		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	10630 WEST FRONT ROAD	TELEPHONE:	(805) 460-6541
CITY:	ATASCADERO	STATE: CA	ZIP CODE: 93422
CAPACITY: 16	CENSUS: 16	DATE:	05/20/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION	09:30 AM
MET WITH: Nikole Daugherty, Administrator		BEGAN:	
		TIME VISIT/INSPECTION	04:00 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) De Leon arrived at 9:30 am to conduct a 1 year annual visit to the
2	facility above. LPA met with Administrator Nikole Daugherty and explained the purpose of the visit.
3	A tour of the inside and outside of the facility was conducted. The following was inspected and noted
4	during the annual visit:
5	Infection Control: The facility has a current Infection Control Plan. The facility has a sign in and out
6	binder for visitors at entry with hand sanitizer. The bathrooms have toilet paper, paper towels, hand
7	soap, and hand washing signs. The facility has EPA approved disinfectant spray and cleaners. The
8	facility has a 30-day supply of PPE. Quarantined or isolated individuals will have meals and medication
9	delivered to rooms. Staff are trained on infection control and the use of Personal Protective Equipment
10	(PPE).
11	Physical Plant & Environment Safety: LPA toured 10 residents room and on suite bathrooms. The fire
12	extinguisher were charged and tagged on 08/06/2025. The facility has 15 resident bedrooms with on
13	suite bathrooms, and 1 common area restroom. LPA was authorized to enter and inspect facility. The
14	facility has dual smoke & carbon monoxide detectors with a sprinkler system. The lighting and lamps are
15	sufficient for the use of the facility and for resident comfort. Toilet, hand washing and bathing facilities
16	are operational and secured grab bars are present. The showers have non-skid mats or textured
17	bottoms. The pathways are clear of any obstructions. Facility is well lit inside and outside for safety.
18	Disinfectant, cleaning solutions and poisons are inaccessible to residents in care and stored in locked
19	storage rooms. The facility has sufficient space inside and outside for activities and visiting. The facility
20	has a patio with furniture, walkways and shaded areas for resident use. The facility is completely fenced
21	with pull up gate latches that are self closing and self latching. The facility has telephone and internet
22	service for resident use. Water tested at 120.0 F.
23	Operational Requirements: The facility has a current plan of operation on file with the department. The
24	Facility is operating in compliance with the granted fire clearance. The facility has current liability
25	insurance and expires on 06/16/2026. The facility is approved for a capacity of 16. The fire clearance is
	granted for 16 non-Ambulatory, 16 of which may be bedridden. Hospice is approved for 12. The facility
	has sent in a new admission agreement with rate changed to 90 days and dementia with behavioral
	expression. Cont. 809-C

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley	
NAME OF LICENSING PROGRAM ANALYST: Rachael De Leon	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 05/20/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 05/20/2026

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.

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FACILITY NAME: INGLESIDE ASSISTED LIVING

FACILITY NUMBER: 405850249
VISIT DATE: 05/20/2026

NARRATIVE	
1	Staffing: The facility currently employes 20 staff, and 1 Administrator. Staff records are kept confidential.
2	Five staff files reviewed had current 1st Aid/CPR, Personnel Records/Application, Health screening with
3	TB results, and fingerprint clearance or exemptions.
4	Personnel Records & Training: The facility keeps confidential files for each staff member. Staff have
5	annual training completed for 20 plus hours from 05/2025-05/2026.
6	Resident Records & Incident Reports: The facility keeps separate files on each resident confidentially.
7	Facility does submit incident reports to the department when required. LPA reviewed 5 resident files for
8	signed Admission Agreements, Safeguard for property and valuables, LIC. 602A Physicians report,
9	Appraisals Needs and Services Plan, and Emergency and ID forms.
10	Food Service: The facility handles and prepares food safely. The facility has 2-day perishables and 7-
11	day non-perishables and plenty extra, to meet the food service requirement. The freezer is kept at 0
12	degrees and the refrigeration is kept at 40 degrees or lower. All food is covered, stored and marked
13	appropriately. Cleaning solutions and equipment are stored separately from food supplies. The facility
14	has an emergency food and water supply. A hot water tap in the kitchen and a sign is posted.
15	Incidental Medical Services: Facility provides assistance in arranging transportation to medical and
16	dental appointments when needed. The facility uses the Medication Administration Record (MAR) along
17	with the Centrally Stored Medication and Destruct Records (CSMDR). LPA reviewed residents'
18	medications, no labels were altered, no medications were expired and all medications were kept in their
19	original containers.
20	Disaster Preparedness: The current emergency disaster forms were posted. The facility conducts
21	quarterly disaster drills. Emergency exits and telephone numbers were posted. Keys and Codes are
22	available for staff on all shifts to access full facility in an emergency. Disaster plan reviewed and is
23	signed off annually by Administrator.
24	Residents with Special Health Needs: The facility does accept dementia residents in care, all sharps,
25	knives, cleaning products and items that can pose a hazard are locked in storage rooms. The facility
26	currently does not have any residents on oxygen. The facility has 2 current residents on hospice
27	services. The facility currently has 3 residents on home health services. Hospice and Home Health
28	Plans are kept up to date and on file at the facility.
29	
30	Exit interview conducted and copy of report printed for Administrator.
31	
32	

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