

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 405850254
Report Date: 06/29/2026
Date Signed: 06/29/2026 03:58:44 PM

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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 PARK		FACILITY NUMBER:	405850254
ADMINISTRATOR/ALLAN, BRETT		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	9220 MOUNTAIN VIEW DRIVE	TELEPHONE:	(805) 460-7040
CITY:	ATASCADERO	STATE: CA	ZIP CODE: 93422
CAPACITY: 15		CENSUS: 9	DATE: 06/29/2026
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME VISIT/INSPECTION	11:30 AM
MET WITH: Nikole Daugherty		BEGAN: TIME VISIT/INSPECTION	04:10 PM
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analyst (LPA) De Leon conducted a 1 year Annual visit to the facility above. LPA met		
2	with Nikole Daugherty, Back up Administrator and explained the purpose of the visit.		
3			
4	A tour of the inside and outside of the facility was conducted. The following was inspected and noted		
5	during the annual visit:		
6	Infection Control: The facility has a current Infection Control Plan. The facility has a sign in and out		
7	binder for visitors at entry with hand sanitizer. The bathrooms have toilet paper, paper towels, and hand		
8	soap. The facility has EPA approved disinfectant spray and cleaners. The facility has a 30-day supply of		
9	PPE. Quarantined or isolated individuals will have meals and medication delivered to rooms. Staff are		
10	trained on infection control and the use of Personal Protective Equipment (PPE) upon hire and annually		
11	thereafter.		
12	Physical Plant & Environmental Safety: LPA toured 10 resident room and 2 have 1/2 baths on suite, 3		
13	common area restrooms and 2 outside cottages with shared a bathroom. The fire extinguisher were		
14	charged and tagged on 11/10/2025. LPA was authorized to enter and inspect facility. The facility has		
15	dual smoke and carbon monoxide detectors hard wired with sprinkler system. The lighting and lamps		
16	are sufficient for the use of the facility and for resident comfort. Toilet, hand washing and bathing		
17	facilities are operational and secured grab bars are present. The showers have non-skid mats. The		
18	pathways are clear of any obstructions. Facility is well lit inside and outside for safety. Disinfectant,		
19	cleaning solutions and poisons are inaccessible to residents in care and stored in locked storage room.		
20	The facility has sufficient space inside and outside for activities and visiting. The facility has a patio with		
21	furniture, walkways and shaded areas for resident use. The facility is completely fenced around the back		
22	and side yards with pull up gate latches that are self closing and self latching. The facility has telephone		
23	and internet service for resident use.		
24	Continued 809-C		
25			

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley
NAME OF LICENSING PROGRAM ANALYST: Rachael De Leon

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/29/2026

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 EVALUATION REPORT (Cont)	

FACILITY NAME: INGLESIDE PARK	FACILITY NUMBER: 405850254
	VISIT DATE: 06/29/2026

NARRATIVE	
1	Operational Requirements: The facility has a current plan of operation on file with the department. The
2	Facility is operating in compliance with the granted fire clearance. The facility has current liability
3	insurance and expires on 06/16/2027. The facility is approved for a capacity of 15. The fire clearance is
4	granted for up to 15 bedridden residents. Hospice is approved for 7.
5	Staffing: The facility currently employes 12 staff, and 2 Administrators. Staff records are kept
6	confidential. Five staff files reviewed had current 1st Aid/CPR, Personnel Records/Application, Health
7	screening with TB results, and fingerprint clearance or exemptions.
8	Personnel Records & Training: The facility keeps confidential files for each staff member. Five Staff
9	files reviewed had initial 40 hours of training or annual training completed for 20 plus hours from
10	07/2025-06/2026.
11	Resident Records & Incident Reports: The facility keeps separate files on each resident confidentially.
12	Facility does submit incident reports to the department when required. LPA reviewed 5 resident files for
13	signed Admission Agreements, Safeguard for property and valuables, LIC. 602A Physicians report,
14	Appraisals Needs and Services Plan, and Emergency and ID forms. The facility does not keep cash
15	resources on any residents in care.
16	Food Service: The facility handles and prepares food safely. The facility has 2-day perishables and 7-
17	day non-perishables to meet the food service requirement. The freezer is kept at 0 degrees and the
18	refrigeration is kept at 40 degrees or lower. All food is covered, stored and marked appropriately.
19	Cleaning solutions and equipment are stored separately from food supplies. The facility has an
20	emergency food and water supply.
21	Incidental Medical Services: Facility provides assistance in arranging transportation to medical and
22	dental appointments when needed. The facility uses the Medication Administration Record (MAR) along
23	with the Centrally Stored Medication and Destruct Records (CSMDR). LPA reviewed 9 residents'
24	medications, no labels were altered, no medications were expired and all medications were kept in their
25	original containers.
26	Disaster Preparedness: The current emergency disaster forms were posted. The facility conducts
27	quarterly disaster drills. Emergency exits and telephone numbers were posted. Keys and Codes are
28	available for staff on all shifts to access full facility in an emergency. Disaster plan reviewed and is
29	signed off annually by Administrator.
30	Residents with Special Health Needs: The facility does accept dementia residents in care, all sharps,
31	knives, cleaning products and items that can pose a hazard are locked in storage rooms. The facility
32	currently has 1 resident on oxygen, signs are posted. The facility 2 current resident on hospice services.
	The facility currently has 1 residents on home health services. Hospice and Home Health Plans are kept
	up to date and on file at the facility.
	Exit interview conducted and copy of report printed for Administrator.
NAME OF LICENSING PROGRAM MANAGER: Kelly Burley	
NAME OF LICENSING PROGRAM ANALYST: Rachael De Leon	
LICENSING PROGRAM ANALYST SIGNATURE: DATE: 06/29/2026	
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE: DATE: 06/29/2026	