

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 405850403
Report Date: 03/27/2026
Date Signed: 03/27/2026 03:55:17 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:	ANNETTE LODGE	FACILITY NUMBER:	405850403
ADMINISTRATOR/STEPHANIE AVILA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	725 PINE STREET	TELEPHONE:	(805) 266-9500
CITY:	PASO ROBLES	STATE: CA	ZIP CODE: 93446
CAPACITY: 19		CENSUS: 13	DATE: 03/27/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	INSPECTION
			10:30 AM
		BEGAN:	
MET WITH:	Stepahnie Avila, Administrator	TIME VISIT/	
		INSPECTION	04:05 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Rachael De Leon arrived at 10:30am to conducted a 1 year annual
2	visit to the facility above. LPA met Administrator Stephanie Avila and explained the purpose of the visit.
3	A tour of the inside and outside of the facility was conducted with Administrator. The following was
4	inspected and noted during the annual visit:
5	Infection Control: The facility has submitted an Infection Control Plan to the department. The facility
6	has a sign in and out kiosk for Staff, Residents and visitors. The bathrooms have toilet paper, paper
7	towels, and hand soap. The facility has EPA approved disinfectants spray and cleaners. The facility has
8	a 30 day supply of PPE. Staff are trained on infection control and the use of Personal Protective
9	Equipment (PPE) on hire and annual there after.
10	Physical Plant & Environment Safety: The facility is 14 bedroom with 14 private bathrooms and 1
11	common areas restrooms currently occupying 13 residents and employs 15 staff of which 3 certified
12	Administrators. The facility is clean, safe and sanitary. LPA was authorized to enter and inspect facility.
13	The facility has dual smoke and carbon monoxide detectors, hard wired with sprinkler system. The
14	lighting and lamps are sufficient for the use of the facility and for residents comfort. The facility kitchen is
15	clean, safe and sanitary. The showers have non-skid textured floors or mats. Toilet, hand washing and
16	bathing facilities are operational and secured grab bars are present. The facility has a pendant system
17	and pull cords in each residents bathroom. All pathways are clear of any obstruction.
18	Personnel Records & Training: The facility keeps confidential files for each staff member. LPA
19	reviewed 5 staff training records for Initial and/or Annual Training Requirements of 20 plus hours
20	meeting 8 hours of dementia training with all subjects covered over a 3 year period, 4 hours of hospice
21	care, postural supports and restricted health condition and 8 hours of other training to include ADL's,
22	resident characteristics, emergency preparedness policy and procedures, infection control requirements
23	and Quarterly Disaster Drills are conducted. Continued 809-C
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NAME OF LICENSING PROGRAM MANAGER: Kelly Burley
NAME OF LICENSING PROGRAM ANALYST: Rachael De Leon

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/27/2026

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: ANNETTE LODGE **FACILITY NUMBER:** 405850403
VISIT DATE: 03/27/2026

NARRATIVE	
1	Staff handling medications had initial and/or annual training of 8 hours of medication training. Kitchen
2	staff had training on facility policy and procedures for food handling and preparation as well as infection
3	control requirements, some staff had food handler certificates. Trainers met the requirements to train
4	staff with required information present in files. Hospice and Home Health care plans had training records
5	on file.
6	Staffing: The facility employs 15 staff and 3 Administrator. Staff records are kept confidential. LPA
7	reviewed 5 random staff files. Files reviewed had current 1st Aid/CPR, Personnel Records/Application,
8	Health screening with TB results and Finger print clearance/Associations/exemptions. Administrator file
9	was reviewed for Continuing Education requirements and current Administrator Certificate expires
10	01/08/2028.
11	Resident Records & Incident Reports: The facility keeps separate files on each resident confidentially.
12	5 files were reviewed for signed Admission Agreements, Medical Assessments, LIC. 602A Physicians
13	Report, ID and Emergency contact forms, Appraisal Needs and Services plans (ANS), TB results,
14	Personal Rights, and Safeguard for personal property and valuables. Pre-Admission appraisals are
15	conducted on perspective residents before accepting them into care. Facility does submit incident
16	reports to the department when required.
17	Resident Rights Information: All require postings were posted in the common area of the facility.
18	Personal rights, Rights to Resident Council, Theft and Loss policy, and Non-discrimination notice. CCL
19	Complaint poster and LTCO poster were posted in the common areas of facility. The current license
20	along with CCL report. Internet is provided to each resident with confidentiality and privacy.
21	Planned Activities: The facility offers activities to all residents in care. The facility employs an Activities
22	Director and a monthly calendar with all activities is posted. The facility also offers additional activities to
23	include books, magazines, newspapers, television, daily walks, group discussions and communications,
24	games and puzzles. The facility has sufficient space to allow for activities indoors and outdoors.
25	Food Service: The facility employs food service staff. The facility handles and prepares food safely. The
26	facility has 2 day perishables and 7 day non-perishables to meet the food service requirement. The
27	freezer is kept at 0 degrees and the refrigeration is kept at 40 degrees or lower. All food is covered,
28	stored and marked appropriately. Food, snacks and drinks are available when the residents want them.
29	Emergency supply of food and water is available. A menu is posted for residents in care. Modified diets
30	prescribed by a physician are followed for those residents in care. Cleaning solutions and equipment are
31	stored separately than food supply. Kitchen areas are kept clean and free from litter, rodents, vermin
32	and insects. Kitchen staff are observed for personal hygiene and food sanitation practices. Kitchen Cook
	has a valid Food Handler Certificate. Continued 809-C

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley NAME OF LICENSING PROGRAM ANALYST: Rachael De Leon LICENSING PROGRAM ANALYST SIGNATURE:		DATE: 03/27/2026
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FACILITY EVALUATION REPORT (Cont)	

NARRATIVE	
1	Incidental Medical & Dental: The facility has a medication carts that are kept locked in locked medications closets. Facility provides transportation to medical and dental appointments when needed. The facility uses a Medication Administration Record (MAR) and a Centrally Stored Medication Destruction Record (CSMDR) for residents in care. The facility has a mini locked refrigerator for medication and an ice chest for emergency use. The facility has a red sharps container for disposal of syringes. Medication Destruct is done by administrator and staff do it at the facility. Medications were checked for expiration, no labels altered and all medications stored in original containers. Disaster Preparedness: The current emergency disaster forms were posted. The facility conducts quarterly disaster drills. The fire extinguishers were charged and last inspected 05/20/2025. Emergency exits and telephone numbers were posted. A set of keys is available for staff on all shifts to access full facility in an emergency. Residents with Special Health Needs: The facility does accept dementia residents in care. All items that could pose a danger, sharps, cleaners were in accessible to residents in care. The facility does not have delayed egress. The facility does have residents with oxygen and required signs are posted. The facility does have 5 residents on hospice services. Hospice care plans are kept on file and up to date when a resident is on hospice services. The facility does currently have 3 residents on Home Health services. Home Health services records are kept on file if a resident is on services. The facility entry door is locked to enter only, anyone can exit at all times. Entry and exit doors and gate are alarmed. The courtyard has a gate that is locked to enter but is unlocked to leave trough at any time. LPA conducted interviews with 2 Staff and 3 Residents. Exit interview conducted, no deficiencies cited, copy of report printed for Administrator.
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