

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 405850480

Report Date: 01/13/2021

Date Signed: 01/13/2021 09:22:49 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, 744 P STREET, MS 8-3-91 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

FACILITY NAME: OAKS AT PASO ROBLES, THE	FACILITY NUMBER: 405850480
ADMINISTRATOR: FREEMAN, RONALD	FACILITY TYPE: 740
ADDRESS: 526 S. RIVER ROAD	TELEPHONE: (760) 546-2048
CITY: PASO ROBLES	STATE: CA
CAPACITY: 120	ZIP CODE: 93446
TYPE OF VISIT: Office	CENSUS: 0
MET WITH: Ronald Freeman	ANNOUNCED
	DATE: 01/13/2021
	TIME BEGAN: 09:00 AM
	TIME COMPLETED: 09:22 AM

NARRATIVE

1 Facility Type: Residential Care Facility for the Elderly with dementia care program
2 Application Type: Initial with new construction and delayed egress
3 Capacity: 120 with 108 non-ambulatory and 12 bedridden
4 Applicant/administrator participated in COMP II via call with analyst at CAB.
5 Identification of the applicant and administrator was verified. During COMP II,
6 applicant and administrator confirmed the understanding of Title 22. Component II
7 was successfully completed. Applicant and administrator were advised to email/fax
8 signed LIC 809 with copy of photo ID to CAB.
9 During COMP II, CAB analyst confirmed Applicant/administrator's understanding of
10 following areas:
11 1. Facility operation: License type, client/resident populations, and program
12 2. Staff qualifications and responsibilities
13 3. Applicant and Administrator qualifications
14 4. Program policy: Abuse, admission agreement, medication management, reporting
15 incidents to CCL, restricted & prohibited conditions
16 5. Grievances, Complaints, Community resources
17 6. Physical plant, food service
18 7. Application document review and technical assistance: Criminal record clearance,
19 Health screening, Fire clearance, First Aid/CPR certificate, Administrator certificate,
20 Financial verification, Pre-licensing inspection, Compliance history, Control of
21 property
22
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion
NAME OF LICENSING PROGRAM ANALYST: Bethany Hunter

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/13/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/13/2021

This report must be available at Child Care and Group Home facilities for public review for 3 years.