

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 405850480

Report Date: 03/18/2026

Date Signed: 03/18/2026 05:40:14 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/10/2025** and conducted by Evaluator Garrett Haner-Tomasko

	COMPLAINT CONTROL NUMBER: 29-AS-20251210162900
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FACILITY NAME: OAKS AT PASO ROBLES, THE	FACILITY NUMBER: 405850480
ADMINISTRATOR: CARL MEYER	FACILITY TYPE: 740
ADDRESS: 526 S RIVER ROAD	TELEPHONE: (805) 239-5851
CITY: PASO ROBLES	STATE: CA ZIP CODE: 93446
CAPACITY: 120	CENSUS: 84 DATE: 03/18/2026
MET WITH: Administrator - Robin Murray	UNANNOUNCED TIME BEGAN: 09:05 AM
	TIME COMPLETED: 05:50 PM

ALLEGATION(S):

1	Staff spoke inappropriately to resident in care.
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INVESTIGATION FINDINGS:

1	At 9:05am, on 3/18/2026, Licensing Program Analyst (LPA) Haner-Tomasko arrived at the facility
2	unannounced to deliver final findings to the allegation of this complaint. LPA met with Administrator Robin
3	Murray, announced who he was and the reason for the visit.
4	
5	During a previous visit to the facility on 12/16/2025, LPA interviewed staff, residents, the administrator at
6	the time, and obtained relevant documents.
7	
8	On the allegation: Staff spoke inappropriately to resident in care; it was alleged that in the main lobby of
9	the facility on a day in December 2025 Resident #1 (R1) was speaking with Administrator Carl Meyer.
10	The discussion between them got very loud and heated. At one point it appeared that Meyer stood in
11	front of R1's walker to prevent them from leaving. There were multiple residents and staff in the main
12	lobby who observed the conversation.
13	(Continued on LIC9099-C)

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Kelly Burley
LICENSING EVALUATOR NAME: Garrett Haner-Tomasko
LICENSING EVALUATOR SIGNATURE:

DATE: 03/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/18/2026

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

LIC9099 (FAS) - (06/04)

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Control Number 29-AS-20251210162900

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250
WOODLAND HILLS, CA 91364

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: OAKS AT PASO ROBLES, THE

FACILITY NUMBER: 405850480

VISIT DATE: 03/18/2026

NARRATIVE

1 Staff and resident interviews revealed this conversation did take place between Administrator at the
2 time, Carl Meyer, and R1 in the main lobby, and that leading up to this interaction, Meyer had two
3 additional public conversations with R1 and their family that R1 did not appreciate being discussed so
4 publicly. Interviews stated both Meyer and R1 raised their voices at each other, at one point Meyer made
5 a comment about how he runs the facility, not the residents. Toward the end of the conversation, R1
6 repeatedly stated they did not want to continue the conversation, Meyer was standing in front of R1
7 preventing R1 from walking away, and when Meyer finished, he moved out of the way. Based on the
8 investigation, the conversation made other residents witnessing the conversation uncomfortable causing
9 them to get up and leave the area. Staff and residents stated during interviews that they felt like Meyer
10 should have had these conversations more discreetly and they are not sure why that didn't happen.
11 Additional interviews revealed that after this conversation R1 remained in their room for a couple days,
12 not continuing their normal routine of attending every meal, as it had made R1 feel uncomfortable and
13 intimidated. During LPA interview with Carl Meyer, Meyer admitted he should have handled the situation
14 differently. As of 1/14/2026, Meyer no longer worked at the facility.

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16 Based on all interviews conducted, at this time the above allegation was found to be **substantiated**,
17 there is a preponderance of the evidence to prove that the alleged violation occurred.

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19 Exit interview conducted, deficiency cited on LIC9099-D page, report signed, appeal rights and report
20 provided to the current Administrator, Robin Murray.
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SUPERVISORS NAME: Kelly Burley
LICENSING EVALUATOR NAME: Garrett Haner-Tomasko
LICENSING EVALUATOR SIGNATURE:

DATE: 03/18/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/18/2026

LIC9099 (FAS) - (06/04)

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Control Number 29-AS-20251210162900

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
WOODLAND HILLS N.ASC, 21731 VENTURA

**COMPLAINT INVESTIGATION REPORT
(Cont)**

BLVD. #250
WOODLAND HILLS, CA 91364

FACILITY NAME: OAKS AT PASO ROBLES, THE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 405850480
VISIT DATE: 03/18/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 04/15/2026 Section Cited CCR 87468.1(a)(1)	1 Personal Rights of Residents in All 2 Facilities (a) Residents... shall have all 3 of the following personal rights: (1) To 4 be accorded dignity in their personal 5 relationships with staff, residents, and 6 other persons. This requirement was 7 not met as evidenced by:	1 Administrator states they will review 2 residents rights and communication 3 training with all staff at the next all-staff 4 meeting and will submit training and 5 signed staff roster to LPA by 4/15/2026. 6 7
	8 Based on interview, the Licensee did 9 not ensure R1 was accorded dignity 10 when staff spoke inappropriately to R1 11 which poses an immediate health, 12 safety, and personal rights risk to 13 persons in care. 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Kelly Burley	
LICENSING EVALUATOR NAME: Garrett Haner-Tomasko	
LICENSING EVALUATOR SIGNATURE:	DATE: 03/18/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 03/18/2026