

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 405850480
Report Date: 08/26/2026
Date Signed: 08/26/2026 03:47:03 PM

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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	
FACILITY EVALUATION REPORT			
FACILITY NAME: OAKS AT PASO ROBLES, THE		FACILITY NUMBER:	405850480
ADMINISTRATOR/ROBIN MURRAY		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	526 S RIVER ROAD	TELEPHONE:	(805) 239-5851
CITY:	PASO ROBLES	STATE: CA	ZIP CODE: 93446
CAPACITY: 120		CENSUS: 82	DATE: 08/26/2026
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED TIME VISIT/INSPECTION	02:00 PM
MET WITH:	Administrator - Robin Murray	BEGAN: TIME VISIT/INSPECTION	04:00 PM
		COMPLETED:	

NARRATIVE	
1	On 8/26/2026 at 2:00pm, Licensing Program Analyst (LPA) Haner-Tomasko conducted an unannounced
2	Case Management - Incident visit to the facility. LPA arrived at the facility, met with Administrator Robin
3	Murray, and announced the purpose of the visit.
4	
5	Community Care Licensing (CCL) recently received two separate incidents self-reported by the facility
6	regarding medication errors. During today's visit LPA conducted interviews and collected additional
7	documents.
8	
9	On 8/4/2026, CCL received a report from the facility stating that on 7/30/2026 Resident #1 (R1) was
10	mistakenly given the medication carbidopa levodopa 25mg/100mg by facility staff. According to the
11	report staff immediately notified R1's primary care physician and responsible person after realizing the
12	error. Interviews and record review revealed R1 is not prescribed the medication and was given the
13	medication due too staff error. The medication-technician who made the error was counseled and
14	assigned additional online self-paced medication training that was due on 8/9/2026 and as of today's
15	visit records reveal the training has not been completed.
16	
17	On 8/19/2026, CCL received a report from the facility stating that on 8/7/2026 Resident #2 (R2) did not
18	receive their anticoagulant medication, Coumadin 1mg, for six (6) days. According to the report, the
19	error was discovered when R2's family contacted R2's primary care physician inquiring how R2 was
20	doing. R2's primary care physician contacted the facility at which point the facility discovered R2's
21	Coumadin order had been discontinued in the facilities electronic medication administration record
22	(eMAR) on 7/30/2026.
23	(Continued on LIC809-C)
24	
25	

Kelly Burley Garrett Haner-Tomasko

DATE: 08/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/26/2026

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

LIC809 (FAS) - (06/04)
California Health & Human Services Agency

Page: 1 of 4
California Department of Social Services

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.

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

FACILITY NAME: OAKS AT PASO ROBLES, THE **FACILITY NUMBER:** 405850480
VISIT DATE: 08/26/2026

NARRATIVE	
1	Review of an order received by the facility from R2's primary care physician on 7/30/2026 at 3:28pm
2	states to discontinue R2's Coumadin 1mg tablet current dose, hold the Coumadin for two (2) days, and
3	new dose begins 8/1/2026 of Coumadin 1mg tablet on Mondays, Tuesdays, Wednesdays, Thursdays,
4	Saturdays and Sundays and on Fridays two (2) tablets. Interview and record review reveal R2 received
5	a dose of Coumadin 1mg on 7/29/2026 and did not receive the medication again until 8/7/2026, when
6	the error was discovered and R2 was given two (2) tablets because 8/7/2026 was a Friday. Due to staff
7	error R2 did not receive Coumadin on 7/30/2026 and 7/31/2026 unintentionally following the physician
8	order to hold the medication for two days. Meaning R2 did not receive their Coumadin from 8/1/2026 –
9	8/6/2026, or six (6) days. Interviews also revealed the error occurred when facility staff received the new
10	order on 7/30/2026 and manually discontinued the previous order in the eMAR. Staff state that the
11	pharmacy typically electronically enters new orders into the eMAR system for the facility and this did not
12	happen. Staff state as a backup the facility will typically create a paper MAR to document new orders
13	until the pharmacy enters the order electronically. Interviews and record review reveal a paper MAR was
14	not created by staff until 8/7/2026 when the error was discovered.
15	
16	Although review of both incidents indicate that different staff were involved in each medication error and
17	the facility self-reported the errors to CCL, it is important to note that the facility was previously cited
18	during inspections conducted in February 2025, March 2025, and December 2025 for similar medication
19	documentation and administration errors, demonstrating an ongoing pattern of noncompliance.
20	
21	Exit interview conducted, deficiency cited on LIC809-D page, report signed, appeal rights and report
22	provided to the Administrator.
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NAME OF LICENSING PROGRAM MANAGER: Kelly Burley	
NAME OF LICENSING PROGRAM ANALYST: Garrett Haner-Tomasko	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/26/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/26/2026

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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** OAKS AT PASO ROBLES, THE**FACILITY NUMBER:** 405850480**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 08/26/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/27/2026 Section Cited CCR 87465(a)(4)	1 (a)A plan for incidental medical and 2 dental care shall be developed by each 3 facility... (4)The licensee shall assist 4 residents with self-administered 5 medications as needed. This 6 requirement was not met as evidenced 7 by:	1 Administrator states they will submit a 2 plan to the LPA by 8/27/2026 detailing 3 formal counseling plans for staff who 4 made the error and ensure staff training 5 is completed by 9/9/2026. They will 6 email the completed training certificates 7 to LPA on or before 9/9/2026.
	8 Based on record review and interview, 9 the licensee did not comply with the 10 section cited above when staff provided 11 R1 a medication they were not 12 prescribed and did not provide R2 their 13 medication as prescribed, which posed 14 an immediate health and safety risk to residents in care.	
	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.

NAME OF LICENSING PROGRAM	Kelly Burley
MANAGER:	
NAME OF LICENSING PROGRAM	Garrett Haner-Tomasko
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 08/26/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 08/26/2026