

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 405850527

Report Date: 11/20/2025

Date Signed: 11/20/2025 04:46:22 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:	WELCOME HOME ATASCADERO	FACILITY NUMBER:	405850527
ADMINISTRATOR/DIRECTOR:	JESSICA GUERRERO	FACILITY TYPE:	740
ADDRESS:	14900 EL CAMINO REAL	TELEPHONE:	(805) 703-4686
CITY:	ATASCADERO	STATE:	CA
CAPACITY:	60	ZIP CODE:	93422
TYPE OF VISIT:	Required - 1 Year	CENSUS DATE:	11/20/2025
MET WITH:	Jessica Guerrero, Administrator	UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	10:10 AM
		TIME VISIT/INSPECTION COMPLETED:	05:00 PM

NARRATIVE

1 Licensing Program Analyst (LPA) De Leon arrived at 10:10 am to conduct a 1 year annual visit to the
2 facility above. LPA met with Administrator, Jessica Guerrero 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, hand
8 soap, and hand washing signs. The facility has EPA approved disinfectant spray and cleaners. The
9 facility has a 30-day supply of PPE. Quarantined or isolated individuals will have meals and medication
10 delivered to rooms. Staff are trained on infection control and the use of Personal Protective Equipment
11 (PPE).
12

13 **Physical Plant & Environmental Safety:** The fire extinguisher were charged and tagged 06/04/2025.
14 The facility has 3 wings: North, South and a West. This facility has 30 resident rooms, 22 bathrooms
15 with Front desk, Sitting area, Lounge, Kitchen, Dining room, laundry room and fenced courtyard with
16 fountain filled with river rock. The facility is completely fenced with a open gate for entry and another
17 large gate for exiting, gates are kept open during business hours. The facility has dual smoke and
18 carbon monoxide detectors which are hard wired and sprinkler system. The lighting and lamps are
19 sufficient for the use of the facility and for resident comfort. Toilet, hand washing and bathing facilities
20 are operational and secured grab bars are present. The showers have secured grab bars and mats. The
21 pathways are clear of any obstructions. Facility is well lit inside and outside for safety. Disinfectant,
22 cleaning solutions and poisons are inaccessible to residents in care and stored in locked storage rooms
23 and laundry room. The facility has sufficient space inside and outside for activities and visiting. The
24 facility has a patio with furniture, pergola for shade and resident use. The facility has telephone and
25 internet service for resident use. Continued 809-C

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

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 11/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/20/2025

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
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FACILITY NAME: WELCOME HOME ATASCADERO

FACILITY NUMBER: 405850527

VISIT DATE: 11/20/2025

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>Operational Requirements: The facility has a current plan of operation on file with the department. The facility is operating in compliance with the granted fire clearance. The facility has current liability insurance and expires on 12/2026. The facility is approved for a capacity of 60. The fire clearance is approved for 60 Non-Ambulatory, which 10 may be bedridden in any room. Hospice waiver approved for 10.</p> <p>Staffing: The facility currently employes 23 staff, and 3 Administrators. Staff records are kept confidential. Five Staff files were reviewed had current 1st Aid/CPR, Personnel Records/Application, Health screening with TB results, and fingerprint clearance or exemptions.</p> <p>Personnel Records & Training: The facility keeps confidential files for each staff member. LPA reviewed training files for 5 Staff. Annual training completed for 20 plus hours from 2024-2025 or 40 plus hours of initial training hired in 2025. All required subjects and topic are covered.</p> <p>Resident Records & Incident Reports: The facility keeps separate files on each resident confidentially. Facility does submit incident reports to the department when required. LPA reviewed 5 resident files for signed Admission Agreements, Safeguard for property and valuables, LIC. 602A Physicians report, Appraisals Needs and Services Plan, Consent forms and Emergency/ID forms.</p> <p>Food Service: The facility handles and prepares food safely. The facility has 2-day perishables and 7-day non-perishables and plenty extra, to meet the food service requirement. The freezer is kept at 0 degrees and the refrigeration is kept at 40 degrees or lower. All food is covered, stored and marked appropriately. Cleaning solutions and equipment are stored separately from food supplies in a storage room. Kitchen has hot tap faucets with safety signs posted. An adequate amount of emergency food and water is present.</p> <p>Incidental Medical/Dental Services: Facility provides assistance in arranging transportation to medical and dental appointments when needed. Residents have on-call doctor and nurse practitioner that visits facility. The facility uses the Medication Administration Record (MAR) along with the Centrally Stored Medication and Destruct Records (CSMDR). LPA reviewed residents' medications in the north medication cart, no labels were altered, no medications were expired and all medications were kept in their original containers. The facility has 3 wings and 3 medication carts kept locked.</p> <p>Continued 809-C</p>

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley NAME OF LICENSING PROGRAM ANALYST: Rachael De Leon LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 11/20/2025
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NARRATIVE

1 **Disaster Preparedness:** The current emergency disaster forms were posted. The facility conducts
2 quarterly disaster drills. Emergency exits and telephone numbers were posted. Codes are available for
3 staff on all shifts to access full facility in an emergency. The facility had an annual Fire inspection in April
4 2025.
5
6 **Residents with Special Health Needs:** The facility does accept dementia residents in care, all sharps,
7 knives, cleaning products and items that can pose a hazard are locked in storage rooms. The facility
8 currently has 2 residents on Oxygen and signs are posted. The facility has 6 residents on hospice
9 services. The facility currently has 4 residents on home health services. Hospice and Home Health
10 Plans are kept up to date and on file at the facility.
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12 Exit interview conducted and copy of report printed for Administrator.
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