

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 425850140
Report Date: 08/26/2021
Date Signed: 08/26/2021 06:39:57 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: MERRILL GARDENS AT SANTA MARIA	FACILITY NUMBER: 425850140
ADMINISTRATOR: SHERBERG, AUDIE	FACILITY TYPE: 740
ADDRESS: 1220 SUEY ROAD	TELEPHONE: (206) 676-5300
CITY: SANTA MARIA	STATE: CA
CAPACITY: 330	ZIP CODE: 93454
TYPE OF VISIT: Prelicensing	CENSUS: 207
MET WITH: AUDIE SHERBERG	DATE: 08/26/2021
	UNANNOUNCED TIME BEGAN: 09:50 AM
	TIME COMPLETED: 03:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Arien Diaz conducted a Pre-licensing visit at the facility. There are 3
2	one-story memory care buildings and 2 three-story assisted living buildings which will be licensed as a
3	Residential Care for The Elderly. LPA met with Administrator, Audie Sherberg and Staff Chris Ragan.
4	
5	LPA toured the memory care buildings and observed that the facility consists of 36 bedrooms and
6	bathrooms, 3 storage closets, and 3 kitchens. LPA observed 3 resident bathrooms, and hot water
7	temperature read at 113 degrees in bathrooms. There are grab bars for each toilet. In the kitchen, hot
8	water temperature read at 113 degrees. The facility maintains a comfortable temperature of 73 degrees.
9	LPA observed working smoke detectors and carbon monoxide detectors. The facility has hallway lights.
10	LPA observed a complete First Aid Kit. LPA observed the complaint poster and personal rights posted.
11	LPA observed an appropriate signage for covid-19. LPA observed fully charged fire extinguishers. LPA
12	observed sharp objects, soaps and toxins in locked cabinets in the kitchen/storage. Resident medication
13	and resident records are kept in a locked filing cabinet in a locked medication room.
14	
15	LPA toured the assisted living buildings and observed that the facility consists of 176 bedrooms and
16	bathrooms, 6 storage closets, and 2 kitchens. LPA observed 3 resident bathrooms, and hot water
17	temperature read at 115 degrees in bathrooms. There are grab bars for each toilet. In the kitchens, hot
18	water temperature read at 114 degrees. The facility maintains a comfortable temperature of 72 degrees.
19	LPA observed working smoke detectors and carbon monoxide detectors. The facility did have hallway
20	lights. LPA observed a complete First Aid Kit. LPA observed the complaint poster and personal rights
21	posted. LPA observed an appropriate signage for covid-19. LPA observed 16 fully charged fire
22	extinguishers. LPA observed sharp objects, soaps and toxins in locked cabinets in kitchen/storage room.
23	The facility has adequate emergency supplies including nonperishable foods..
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25	

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley
NAME OF LICENSING PROGRAM ANALYST: Arien Diaz

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/26/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/26/2021

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

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 (Cont)

FACILITY NAME: MERRILL GARDENS AT SANTA MARIA

FACILITY NUMBER: 425850140

VISIT DATE: 08/26/2021

NARRATIVE

1 The facility has 2 backup generators in the back shed. The facility has 2 containers of 260 gallons of
2 emergency water in the back shed. The facility had an adequate supply of PPE. LPA toured the exterior
3 of the facility and observed screens on all the windows and the facility is clean and in good repair.
4 Resident medication and resident records are kept in a locked filing cabinet in a locked medication room
5 near the Administrator office area.
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8 The following items are needed prior to Licensure: Provide dresser and night stand in 1st floor resident
9 room or signed documentation requesting no furniture needed by resident. Provide rubber bathroom
10 mats for residents without rubber mats in both memory care and assisted living.
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12 Exit interview conducted, copy of report provided, emailed for signature.
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NAME OF LICENSING PROGRAM MANAGER: Kelly Burley

NAME OF LICENSING PROGRAM ANALYST: Arien Diaz

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/26/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/26/2021