

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 565800551

Report Date: 10/16/2025

Date Signed: 10/16/2025 04:48:52 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: GABLES OF OJAI, THE	FACILITY NUMBER: 565800551
ADMINISTRATOR/CHRISTINE FENN	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 701 N. MONTGOMERY ST.	TELEPHONE: (805) 646-1446
CITY: OJAI	STATE: CA
CAPACITY: 118	ZIP CODE: 93023
TYPE OF VISIT: Required - 1 Year	CENSUS: 66
	DATE: 10/16/2025
	UNANNOUNCED TIME VISIT/ INSPECTION: 09:45 AM
	BEGAN: TIME VISIT/ INSPECTION: 04:50 PM
MET WITH: Deedee Heninger-Executive Director	COMPLETED:

### NARRATIVE

1 At 09:45 a.m. Licensing Program Analyst (LPA) Esther Cortez arrived at the facility unannounced to  
2 conduct a required annual visit. The LPA was greeted by staff and informed them of the reason for the  
3 visit. The LPA met with Executive Director Deedee Heninger shortly after and informed them of the  
4 reason for the visit.  
5  
6 The LPA and Executive Director DeeDee conducted a tour of the physical plant inside and outside to  
7 ensure there are no health and safety hazards and facility is in compliance with Title 22 Regulations.  
8 The following was noted: Facility has 14 buildings on the licensed property. The memory care (Gardens)  
9 building has 17 apartments with a capacity of up to 19 residents. The assisted living (AL) buildings have  
10 66 apartments with a capacity of up to 99 residents. The LPA observed fire extinguisher throughout the  
11 whole facility which were fully charged and last serviced on 07/02/2025. The LPA observed all required  
12 postings. Smoke alarms and carbon monoxide detectors were tested and functioned properly, however,  
13 the club house did not have a smoke detector, room 7 did not have a smoke detector in the bedroom,  
14 and room 24 did not have a smoke detector in the living room.  
15  
16 **Kitchen:** The main building contains the ED's office, kitchen, dining room, and lounge area. The  
17 kitchen appeared clean and the appliances and fixtures functional during the time of visit. LPA observed  
18 a sufficient amount of perishable and non-perishable food at the facility. Snacks and beverages are  
19 always available for the residents. Emergency food and water was observed on the second floor of the  
20 main building.  
21  
22 **Bedrooms/Bathrooms:** The LPA observed eleven (11) randomly selected resident bedrooms in both AL  
23 and MC, which were furnished appropriately with clean linens, appropriate furnishings and sufficient  
24 lighting. **Report will continue on LIC809-C, 2nd page.**  
25

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez

NAME OF LICENSING PROGRAM ANALYST: Esther Cortez

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 10/16/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 10/16/2025

**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  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
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**FACILITY NAME:** GABLES OF OJAI, THE

**FACILITY NUMBER:** 565800551

**VISIT DATE:** 10/16/2025

NARRATIVE	
1	There are 89 total bedrooms; 76 (seventy-six) are in AL and 13 (thirteen) are in MC. The LPA observed
2	thirteen (13) resident bathrooms which included a communal bathroom in the clubhouse, and a
3	communal shower room in the MC building. All bathrooms were properly supplied and had functional
4	fixtures. The LPA observed grab bars and non-skid mats in all bathrooms. Hot water temperature read at
5	131.7 (RM6), 129.7 (clubhouse), 134.4 (rm7), 113.7 (rm19), 122.2 (rm24), 122.4 (rm26), 118.9 (rm36),
6	125.9 (rm87), 120.7 (rm61), 109.2 (MC shower room), 117 (rm306), 121.1 (rm314), and 113.9 (rm308)
7	degrees Fahrenheit in resident bathrooms. At 12:20 p.m. the LPA observed Fluticasone Propionate
8	nasal spray in resident bathroom of room 19, per the resident's Physician's report they cannot store own
9	medications. Upon observation, the ED stated that was an error and resident is able to store
10	medications, and will verify with their Primary physician if it was indicated as a mistake. At 1:07 p.m. the
11	LPA observed the bathroom floor tile in disrepair with broken tile in an unlocked shower room in MC.
12	
13	<b>Common Areas/Surrounding Grounds (Outdoors):</b> These included the club house, Wellness area,
14	and lounge areas. The common areas were checked for cleanliness and furniture was checked for
15	functionality during time of visit. All fire places observed in the common areas and bedrooms were
16	appropriately screened. The facility has a fenced pool with two locked gates. The clubhouse had a
17	theater room, library and small kitchen. The wellness center had exercise machines. The dining room
18	was clean with sufficient amount of seating and was well lit. The beauty salon was kept locked while not
19	in use. The LPA observed appropriate outdoor furniture, with a covered shaded area for residents. There
20	are no bodies of water on the premises. At 1:36 p.m. the LPA observed the side gate on the Memory
21	Care Unit locked with a combination lock.
22	
23	
24	
25	<b>Record Review:</b> A a review of facility files was initiated. The LPA received a copy of resident and staff
26	rosters and Insurance Liability.
27	
28	
29	<b>Interviews:</b> The LPA conducted four (4) resident Interviews. No immediate concerns were voiced.
30	
31	Due to time constraints the LPA will return at a later time to complete the annual.
32	
	Pursuant to Title 22 of the CA Code of Regulations, the following deficiencies were cited (refer to LIC 809-D): Exit interview conducted and copy of the report and appeal rights provided to ED.

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Kasandra Lopez
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Esther Cortez
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b> _____
<b>DATE:</b> 10/16/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b> _____
<b>DATE:</b> 10/16/2025

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

**FACILITY NAME:** GABLES OF OJAI, THE **FACILITY NUMBER:** 565800551  
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 10/16/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

<b>Request Denied</b>	<b>Type A</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87202(a)</b>	
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**Fire Clearance**

(a) All facilities shall maintain a fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal. Prior to accepting or retaining any of the following types of persons, the applicant or licensee shall notify the licensing agency and obtain an appropriate fire clearance approved by the city, county, or city and county fire department or district providing fire protection services, or the State Fire Marshal:

This requirement is not met as evidenced by:

<b>Deficient Practice Statement</b>	
1 2 3 4	Based on observation the licensee did not comply with the section cited above in the clubhouse and two resident apartments that were missing smoke detectors which poses an immediate health, safety or personal rights risk to persons in care.
<b>POC Due Date:</b> 10/17/2025	
<b>Plan of Correction</b>	
1 2 3 4	ED agrees to place smoke detectors in the clubhouse and rooms 7 and 22 and submit to LPA by 10/17/25.

<b>Request Denied</b>	<b>Type A</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87303(e)(2)</b>	
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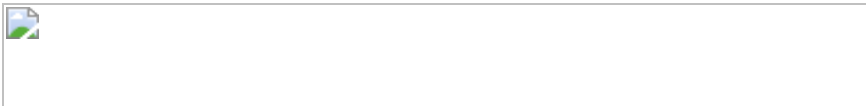
**Maintenance and Operation**

(e) Water supplies and plumbing fixtures shall be maintained as follows: (2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C).

This requirement is not met as evidenced by:

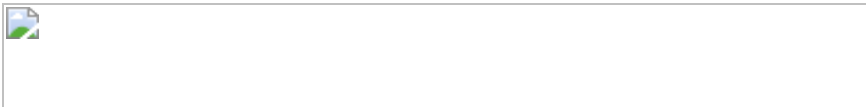
<b>Deficient Practice Statement</b>	
1 2 3 4	Based on observation the licensee did not comply with the section cited above in 8 out of 13 bathrooms that were over the required hot water temperature which poses an immediate health, safety or personal rights risk to persons in care.
<b>POC Due Date:</b> 10/30/2025	
<b>Plan of Correction</b>	
1 2 3 4	ED agrees to adjust the hot water temperature in all rooms that were observed with hot water temp over 120 F and conduct a 10 day water log. And will place hot water warning signs in all the restrooms until it gets fixed. Submit proof to LPA by 10/30/25

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

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Kasandra Lopez
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Esther Cortez
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 10/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/16/2025

LIC809 (FAS) - (06/04)

Page: 3 of 5

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Created By: Esther Cortez On 10/16/2025 at 04:14 PM  
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FACILITY NUMBER: 565800551

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/16/2025

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87705(f)	
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(f) Licensees that lock exterior doors or perimeter fence gates shall meet the following initial and continuing requirements:

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1	Based on observation and record review, the licensee did not comply with the section cited above in th 2 MC gate that was observed locked with a combination lock which poses an immediate health, safety or 3 personal rights risk to persons in care. 4
2	
3	
4	
	<b>POC Due Date:</b> 10/17/2025
	<b>Plan of Correction</b>
1	ED agrees to remove the lock until it is approved by the fire department and submot to LPA by 10/17/25. 2 3 4
2	
3	
4	

		Section Cited			
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	<b>Deficient Practice Statement</b>
1	
2	
3	
4	
	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
1	
2	
3	
4	

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

<b>NAME OF LICENSING PROGRAM MANAGER:</b>	Kasandra Lopez
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Esther Cortez

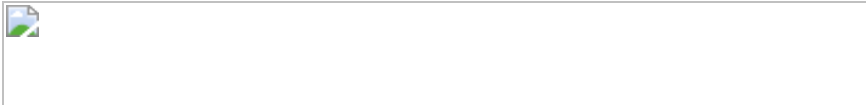
**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 10/16/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 10/16/2025