

FACILITY EVALUATION REPORT

Although this visit/inspection may have focused on the review of specific licensing requirements, the applicant/licensee must comply with all applicable requirements. The California Department of Social Services retains authority to issue citations or take disciplinary action for any deficiency.

FACILITY NAME: CASA DE FLORES	FACILITY NUMBER: 405800142
DIRECTOR/ADMINISTRATOR: JONATHAN D. ROBERTS	FACILITY TYPE: 741
ADDRESS: 1405 TERESA DRIVE	TELEPHONE: (805) 772-7372
CITY: MORRO BAY	STATE: CA
CAPACITY: 120	ZIP CODE: 93442
TYPE OF VISIT: Required - 1 Year	CENSUS: 87
MET WITH: Jonathan Roberts, Administrator	DATE: 02/23/2026
	UNANNOUNCED
	TIME BEGAN: 11:00 AM
	TIME ENDED: 04:30 PM

NARRATIVE

1 Licensing Program Analyst (LPA) De Leon arrived at 11:00 am to conducted a 1 year annual visit to the facility
2 above. LPA met Administrator Jonathan Roberts and explained the purpose of the visit.
3
4 A tour of the inside and outside of the facility was conducted with Administrator. The following was inspected
5 and noted during the annual visit:
6
7 **Infection Control:** The facility has submitted an Infection Control Plan to the department. The facility has a
8 sign in and out binder for visitors at entry with hand sanitizer. The bathrooms have toilet paper, paper towels,
9 hand soap, and hand washing signs. The facility has EPA approved disinfectants spray and cleaners. The
10 facility has a 30 day supply of PPE. Staff are trained on infection control and the use of Personal Protective
11 Equipment (PPE) upon hire and annual there after.
12
13 **Physical Plant & Environment Safety:** The facility has 91 bedroom with 91 private bathrooms and 5
14 common areas restrooms currently occupying 87 residents and employs 53 staff and 1 Administrator. The
15 facility is clean, safe and sanitary. LPA was authorized to enter and inspect facility. The facility has dual
16 smoke, carbon monoxide detectors and sprinkler system. The lighting and lamps are sufficient for the use of
17 the facility and for residents comfort. The facility kitchen is clean, safe and sanitary. The showers have
18 non-skid textured floors or mats. Toilet, hand washing and bathing facilities are operational and grab bars are
19 present. LPA toured 10 bedrooms and 3 common area restrooms. The facility has a pendant signal system..
20 The pathways are clear of any obstruction. Emergency evacuation chair are present on each stairwell.
21
22 Continued 809-C

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

TELEPHONE: (805) 562-0413**TELEPHONE:** (805) 450-0262**DATE:** 02/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 02/23/2026

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.

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 21731 VENTURA BLVD. #280
WOODLAND HILLS, CA 91364**FACILITY NAME:** CASA DE FLORES**FACILITY NUMBER:** 405800142**VISIT DATE:** 02/23/2026**NARRATIVE**

Personnel Records & Training: The facility keeps confidential files for each staff member. LPA reviewed 5 staff training records for Initial and/or Annual Training Requirements of 20 plus hours meeting 8 hours of dementia training with all subjects covered over a 3 year period, 4 hours of hospice care, postural supports and restricted health condition and 8 hours of other training to include ADL's, resident characteristics, emergency preparedness policy and procedures, infection control requirements and Quarterly Disaster Drills. Staff handling medications had initial and/or annual training. Kitchen staff had training on facility policy and procedures for food handling and preparation as well as infection control requirements, staff have valid food handler certificates. Trainers met the requirements to train staff with required information present in files. Hospice and Home Health care plans had training records on file.

Staffing: The facility employs 53 staff and 1 Administrator. Staff records are kept confidential. LPA reviewed 5 random staff files. Files reviewed had current 1st Aid/CPR, Personnel Records/Application, Health screening with TB results, and Finger print clearance/Associations/exemptions. Administrator file was reviewed for Continuing Education requirements and current Administrator Certificate expires 08/2027.

Resident Records & Incident Reports: The facility keeps separate files on each resident confidentially. 5 files were reviewed for signed Admission Agreements, Medical Assessments, LIC. 602A Physicians Report, ID and Emergency contact forms, Appraisal Needs and Services plans (ANS), TB results, Personal Rights, and Safeguard for personal property and valuables. Pre-Admission appraisals are conducted on perspective residents before accepting them into care. Facility does submit incident reports to the department when required.

Resident Rights Information: All require postings were posted in the common area of the facility. Personal rights, Rights to Resident Council, Theft and Loss policy, and Non-discrimination notice. CCL Complaint poster and LTCO poster were posted in the common areas of facility. The current license along with CCL reports and PIN's were posted. Internet is provided in each resident room for confidentiality and privacy.

Planned Activities: The facility offers activities to all residents in care. The facility employs an Activities Director and a monthly calendar with all activities is posted. The facility also offers additional activities to include books, magazines, newspapers, television, daily walks, group discussions and communications, games and puzzles. The facility has a piano for resident use and musicians come into the facility and perform for the residents. The facility has sufficient space to allow for activities indoors and outdoors as well as an activity room. The facility has a gym, movie theater, ice cream parlor, Salon and Library for residents use.

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NAME OF LICENSING PROGRAM MANAGER: Kelly Burley**TELEPHONE:** (805) 562-0413**NAME OF LICENSING PROGRAM ANALYST:** Rachael De Leon**TELEPHONE:** (805) 450-0262**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 02/23/2026**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 02/23/2026

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 21731 VENTURA BLVD. #250
WOODLAND HILLS, CA 91364**FACILITY NAME:** CASA DE FLORES**FACILITY NUMBER:** 405800142**VISIT DATE:** 02/23/2026**NARRATIVE**

- 1 **Food Service:** The facility employs food service staff. The facility handles and prepares food safely. The
2 facility has 2 day perishables and 7 day non-perishables to meet the food service requirement. The freezer is
3 kept at 0 degrees and the refrigeration is kept at 40 degrees or lower. All food is covered, stored and marked
4 appropriately. Food, snacks and drinks are available when the residents want them. Emergency supply of
5 food and water is available. A menu is posted for residents in care. Modified diets prescribed by a physician
6 are followed for those residents in care. Cleaning solutions and equipment are stored separately than food
7 supply. Kitchen areas are kept clean and free from litter, rodents, vermin and insects. Kitchen staff are
8 observed for personal hygiene and food sanitation practices.
- 9
- 10 **Incidental Medical & Dental:** The facility has a medication room that is kept locked as well as two
11 medication carts which are kept locked. Facility provides transportation to medical and dental appointments
12 when needed. the facility uses a Medication Administration Record (MAR) and a Centrally Stored Medication
13 Destruction Record (CSMDR) for residents in care. The facility has a mini locked refrigerator for medication
14 and an ice chest for emergency use. The facility has a red sharps container for disposal of syringes.
15 Medication Destruct is done by with Administrator, Wellness Director and Wellness Coordinator..
- 16
- 17 **Disaster Preparedness:** The current emergency disaster forms were posted. The facility conducts quarterly
18 disaster drills. The fire extinguishers were charged and last inspected 04/10/2025. Emergency exits and
19 telephone numbers were posted. A set of keys is available for staff on all shifts to access full facility in an
20 emergency.
- 21
- 22 **Residents with Special Health Needs:** The facility does not accept dementia residents in care. All items that
23 could pose a danger, sharps, cleaners were inaccessible to residents in care. The facility does not have
24 delayed egress. The facility does have residents with oxygen and required signs are posted. The facility has
25 hospice residents in care. Hospice care plans are kept on file and up to date. The facility currently has
26 residents on Home Health services. Home Health services records are kept on file.
- 27
- 28 LPA conducted interviews with 4 Residents and 4 Staff.
- 29
- 30 Exit interview conducted, no deficiencies cited, copy of report printed for Administrator.
- 31
- 32

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