

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 421700160

Report Date: 10/08/2025

Date Signed: 10/09/2025 10:14:26 AM

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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
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FACILITY NAME: CASA DORINDA	FACILITY NUMBER: 421700160
ADMINISTRATOR/BRIAN MCCAGUE DIRECTOR:	FACILITY TYPE: 741
ADDRESS: 300 HOT SPRINGS RD.	TELEPHONE: (805) 969-8011
CITY: SANTA BARBARA	STATE: CA
CAPACITY: 360	ZIP CODE: 93108
TYPE OF VISIT: Required - 1 Year	CENSUS: 307
	DATE: 10/08/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 12:05 PM
MET WITH: Brian McCague, Executive Director	TIME VISIT/INSPECTION
	COMPLETED: 05:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Kristin Kontilis conducted an unannounced required Annual Inspection
2	at the above-named facility. Upon arrival, LPA was greeted by Therese Brown, Senior Director of Health
3	Services and explained the purpose of the visit. Executive Director Brian McCague participated in the
4	inspection. The facility is a Continuing Care Retirement Community (CCRC) that consists of
5	Independent Living, Assisted Living, and Memory/Dementia Care.
6	The facility is licensed for a capacity of 360 residents of which there can be 144 non-ambulatory
7	residents and a hospice waiver for six (6) residents. There are zero (0) residents currently on hospice.
8	
9	Entrance interview conducted. LPA observed the required posting of the complaint poster and
10	Resident's Rights. LPA inspected the one-story facility for fire safety, personal accommodations, and
11	food service.
12	The physical environment was checked for cleanliness and condition. Walls, windows, ceilings, doors,
13	floors, and floor coverings throughout the facility were checked. The facility was seen to be in good
14	repair inside and outside. LPA observed eight (8) fire extinguishers last serviced on 5/21/2025. There is
15	a fire pull alarm system with pull alarms throughout the facility. The pull alarms ring directly to the local
16	fire department.
17	The kitchen area was sufficiently stocked with two-day perishables and seven days of non-perishables.
18	Snacks and beverages are readily available for Residents. Frozen foods are properly wrapped and
19	stored appropriately. LPA observed the kitchen cabinets, refrigerator, stove, and counters are clean.
20	At approximately 12:20 pm, LPA conducted a tour of the facility's dining areas. LPA observed The Grill,
21	an eatery consisting of patio seating, indoor/outdoor seating, and barista style seating. Lunch and dinner
22	are served Wednesday through Sunday. The Grill's dining capacity is 80.
23	Please continue to 809-C, Pg 2.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley
NAME OF LICENSING PROGRAM ANALYST: Kristin Kontilis

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 10/08/2025**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 10/08/2025**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	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	CCLD Regional Office, 21731 VENTURA BLVD.
	#250
	WOODLAND HILLS, CA 91364

FACILITY NAME: CASA DORINDA

FACILITY NUMBER: 421700160

VISIT DATE: 10/08/2025

NARRATIVE	
1	LPA observed the main dining room includes indoor seating and an outdoor dining area. Breakfast is
2	served in the formal dining area seven days/week including a morning brunch one day/week, lunch is
3	served two days/week including the morning brunch one/day/week; and dinner is served six
4	evenings/week.
5	The facility's dining services also include a "Take-Out Buffet" which consists of "grab and go" seven
6	days/week from 7:30 am through 6 pm.
7	Director of Dining Services stated the facility receives food deliveries each day of the week. LPA
8	observed a sufficient amount of perishables for two days and seven days of non-perishables.
9	Each level of care has its own activity calendar although residents from all levels are welcome to
10	participate in all activities. Activities include outings to parks, restaurants, museums, theaters, scenic
11	drives, sports activities, and other local attractions.
12	The Life Enrichment program covers the seven dimensions of wellness including spiritual, physical,
13	emotional, vocational, intellectual, social, and financial topics. The facility maintains a close relationship
14	with local music and art organizations aimed to enhance the residents' experience.
15	Residents have access to an in-house television station that includes documentaries, self-help
16	programs, movies, and guest speakers.
17	Residents' files were reviewed. LPA noted that on file for each resident was the following: Physician's
18	Reports, Admission Agreements, Medical Assessments, Identification and Emergency information,
19	Appraisals/Needs Service Plan, and Medication Administration Records (MARs).
20	On 9/17/2025, CCLD received LIC624 Unusual Incident/Serious Injury Report stating on 9/15/2025,
21	Resident 1 (R1) was administered the wrong medication during the morning medication pass. The
22	incident report states Staff 1 (S1) handed R1 the wrong medication container containing four (4)
23	medications. The incident report states R1 "self-administered medications" before S1 was able to
24	intervene. The incident report states S1 completed additional training on proper medication
25	administration. S1 was scheduled for oversight medication pass by Staff 2 (S2), however S1 decided to
26	return to their previous role and decided not to resume a role to include medication administration.
27	
28	Pursuant to Title 22 of the CA Code of Regulations, the following deficiency was cited (refer to 809-D).
29	
30	Due to time restraints, LPA will return at a later date to continue the inspection.
31	
32	Exit interview conducted. Copy of report and appeal rights issued at the time of the visit.

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley	
NAME OF LICENSING PROGRAM ANALYST: Kristin Kontilis	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 10/08/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 10/08/2025
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Created By: Kristin Kontilis On 10/08/2025 at 04:27 PM
Link to Parent Document Below:

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** CASA DORINDA**FACILITY NUMBER:** 421700160**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 10/08/2025**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87465(c)(c2)	
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87465(c)(2) Incidental and Medical Care: ...Once ordered by the physician the medication is given according to the physician's directions.

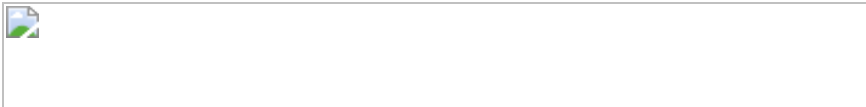

This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on record review, the licensee did not comply with the section cited above when Staff 1 (S1) passed the wrong medications to Resident 1 (R1). R1 ingested the medications before S1 could intervene. This poses an immediate health and safety risk to residents in care.
2	
3	
4	
POC Due Date: 10/08/2025	
Plan of Correction	
1	S1 received additional training on proper medication administration and S1 decided not to resume their role in medication administration. POC cleared on this date.
2	
3	
4	

		Section Cited			
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Deficient Practice Statement	
1	
2	
3	
4	
POC Due Date:	
Plan of Correction	
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.

NAME OF LICENSING PROGRAM MANAGER:	Kelly Burley
NAME OF LICENSING PROGRAM ANALYST:	Kristin Kontilis
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 10/08/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 10/08/2025