

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 421700160
Report Date: 07/17/2026
Date Signed: 07/17/2026 03:05:34 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: CASA DORINDA		FACILITY NUMBER:	421700160
ADMINISTRATOR/BRIAN MCCAGUE		FACILITY TYPE:	741
DIRECTOR:			
ADDRESS:	300 HOT SPRINGS RD.	TELEPHONE:	(805) 969-8011
CITY:	SANTA BARBARA	STATE: CA	ZIP CODE: 93108
CAPACITY: 360	CENSUS: 347	DATE:	07/17/2026
TYPE OF VISIT:	Case Management - Deficiencies	UNANNOUNCED TIME VISIT/INSPECTION	11:40 AM
MET WITH:	Brian McCague, Administrator	BEGAN: TIME VISIT/INSPECTION	03:15 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Kristin Kontilis conducted a Case Management visit to address
2	deficiencies noted during Complaint Control #29-AS-20260714150634. The Case Management visit is
3	being conducted to address CCLD's concerns that were observed during the course of the investigation.
4	LPA Kontilis met with Administrator Brian McCague and explained the purpose of the visit. Therese
5	Brown, Senior Director of Health Services participated in the visit.
6	
7	During the complaint investigation, interviews conducted and records reviewed revealed on 7/7/2026 an
8	altercation between two residents occurred resulting in Resident 1 (R1) sustaining a skin tear injury.
9	Record review revealed the incident was not reported to Community Care Licensing Division (CCLD) as
10	a Serious Illness/Serious Injury report and/or a SOC341 Report for Suspected/Alleged Dependent
11	Adult/Elder Abuse as a "resident on resident" altercation. Staff 1 (S1) stated they were not aware that
12	such reports were not required to be submitted to CCLD.
13	
14	Pursuant to Title 22 Division 6 Chapter 8 of the CA Code of Regulations, the following deficiencies were
15	cited (refer to LIC 809-D):
16	
17	Exit interview conducted. Copy of report and Appeal Rights issued via email.
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22	
23	
24	
25	

Kelly Burley Kristin Kontilis

DATE: 07/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/17/2026

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.

Created By: Kristin Kontilis On 07/17/2026 at 02:39 PM
Link to Parent Document Below:

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
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: CASA DORINDA

FACILITY NUMBER: 421700160

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/17/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 07/20/2026 Section Cited CCR 87211(a)(1)(D)	1	87211(a)(1)(D) Reporting	1	Administrator agrees to submit a written statement acknowledging CCR 87211 in its entirety via email directly to LPA no later than POC due date.
	2	Requirements:(a) Each licensee shall	2	
	3	furnish to the licensing agency such	3	
	4	reports as the Department may require,	4	
	5	including, but not limited to...(1)(D) Any	5	
	6	incident which threatens the welfare,	6	
	7	safety or health of any resident... This requirement is not met as evidenced by:	7	
	8	This requirement was not met as	8	
	9	evidenced by: Based on record review	9	
	10	and interviews conducted, the licensee	10	
	11	did not comply with the section cited	11	
	12	above when the facility did not submit a	12	
	13	written incident report to CCLD within 7	13	
	14	days, which poses an immediate health, safety or personal rights risk to persons in care.	14	
	1		1	
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	4		4	
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	6		6	
	7		7	
	1		1	
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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: 07/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/17/2026