

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 421700411
Report Date: 08/26/2026
Date Signed: 08/26/2026 06:06:30 PM

Substantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 03/19/2026 and conducted by Evaluator Kristin Kontilis

	COMPLAINT CONTROL NUMBER: 29-AS-20260319092319
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FACILITY NAME:	VALLE VERDE	FACILITY NUMBER:	421700411
ADMINISTRATOR:	SUSAN E PONCE	FACILITY TYPE:	741
ADDRESS:	900 CALLE DE LOS AMIGOS	TELEPHONE:	(805) 883-4193
CITY:	SANTA BARBARA	ZIP CODE:	93105
CAPACITY:	547	DATE:	08/26/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	11:00 AM
	CENSUS: 330	TIME COMPLETED:	06:00 PM
MET WITH:	Tracie Fairley, Associate Executive Director; Mark Hansen, Executive Director		

ALLEGATION(S):

1	Staff did not respond to residents calls for assistance timely.
2	Staff did not ensure the door in memory care works properly.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kristin Kontilis conducted an unannounced subsequent complaint visit
2	to deliver final findings for the above-stated allegations. During today's visit, LPA met with Mark Hansen,
3	Executive Director; and Tracie Fairley, Associate Executive Director. LPA explained the purpose of the
4	visit. LPA Kontilis conducted the initial visit on 3/25/2026 from approximately 12:40 pm – 5:30 pm at
5	which time LPA conducted interviews and obtained documents pertaining to the investigation. LPA
6	conducted additional interviews on 7/3/2026, 7/6/2026, and 8/25/2026.
7	On the allegation, staff did not respond to residents' calls for assistance timely: Reporting Party voiced
8	concern that there was no staff on duty in the independent, assisted living and/or memory care units of
9	the facility on one particular night with no response to emergency pendants throughout the night.
10	Administrator Williams stated residents wear a pendant around their neck as a necklace and when the
11	pendant is pressed, it is a call for assistance and/or help. Administrator Williams stated the care partners
12	wear a pager and care partners are assigned to specific residents. Administrator stated when a resident
13	Please continue to 9099-C, Pg 2.

Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Kelly Burley	
LICENSING EVALUATOR NAME: Kristin Kontilis	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/26/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/26/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 3
Control Number 29-AS-20260319092319

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: VALLE VERDE	FACILITY NUMBER: 421700411
	VISIT DATE: 08/26/2026

NARRATIVE	
1	presses their pendant, it sends an alarm to the care partner who is assigned to that resident.
2	Administrator stated the pager identifies the resident by the resident's name, their room number and
3	their location even if the resident is not in their designated room. Administrator stated the time
4	responding to residents' calls should be within 10 minutes – 15 minutes and if a care partner cannot
5	respond timely, they will call another colleague to assist the incoming call.
6	Records reviewed and interviews conducted revealed on 3/15/2026 a call pendant was pressed at 7:12
7	pm sending an alarm for assistance to care staff in the Assisted Living area of the community. The call
8	was cleared at 7:40 pm. Records reviewed revealed the duration of time from when the alarm was
9	initiated until it was cleared was 28 minutes, 1 second. The allegation, Staff did not respond to residents'
10	calls for assistance timely is deemed Substantiated at this time. While the allegation is Substantiated, a
11	deficiency will not be cited as the deficiency has been cited on this day on Complaint Investigation
12	Report #29-AS-202608115226.
13	On the allegation, staff did not ensure the door in Memory Care works properly: Reporting Party voiced
14	concern that the door in Memory Care is not working properly resulting in resident(s) leaving the locked
15	Memory Care facility without supervision. Interviews conducted revealed Resident 1 (R1) left the
16	secured memory care unit unassisted and without supervision and was found in another resident's room
17	a far distance from the memory care unit. The Memory Support Manager located R1 and brought R1
18	back to their living area. It was later determined that R1 exited the building through the Memory Care
19	"white door" which leads through the Assisted Living area. Interviews conducted revealed Resident 2
20	(R2) exited the Memory Care unit through the "white doors". Interviews conducted revealed R2 was
21	observed walking down the hall of the Assisted Living unit, staff followed R2, and returned R2 to the
22	Memory Care unit. Records reviewed revealed Estimate #2409 for repairs and replacement of the white
23	door leading between Memory Care and Assisted Living. Based on interviews conducted and records
24	reviewed, the staff did not ensure the door in Memory Care works properly allowing residents to leave
25	the Memory Care unit unsupervised is deemed Substantiated at this time.
26	
27	Pursuant to Title 22 Division 6 Chapter 8 of the CA Code of Regulations, the following deficiencies were
28	cited (refer to LIC 9099-D):
29	
30	Exit interview conducted. Copy of report issued at the time of the visit. Appeal Rights issued.
31	
32	

SUPERVISORS NAME: Kelly Burley	
LICENSING EVALUATOR NAME: Kristin Kontilis	
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LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 29-AS-20260319092319

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COMPLAINT INVESTIGATION REPORT (Cont)

#250
WOODLAND HILLS, CA 91364

FACILITY NAME: VALLE VERDE

FACILITY NUMBER: 421700411

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/26/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type A 08/28/2026 Section Cited CCR 87464(f)(1)	1	Basic Services (f) Basic services shall	1	Executive Director/Associate Executive
	2	at a minimum include:(1) Care and	2	Director state the doors have been
	3	supervision as defined ...	3	repaired and keypads function properly
	4	This requirement was not met as	4	and new keypads will be arriving within
	5	evidenced by:	5	the next 14 days. POC cleared at the
	6		6	time of the visit.
	7		7	
	8	Based on interviews and record review,	8	
	9	the licensee did not comply with the	9	
	10	section cited above, when R1 exited	10	
	11	from the memory care unit of the facility	11	
	12	without supervision and R2 wandered	12	
	13	from the Memory Care Unit into the	13	
	14	Assisted Living area which poses an	14	
		immediate safety risk to residents in		
		care.		
	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
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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.

SUPERVISOR'S NAME: Kelly Burley	
LICENSING EVALUATOR NAME: Kristin Kontilis	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/26/2026
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