

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 421700457

Report Date: 08/15/2025

Date Signed: 08/15/2025 03:30:20 PM

Unsubstantiated

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 **08/12/2025** and conducted by Evaluator Kristin Kontilis

	COMPLAINT CONTROL NUMBER: 29-AS-20250812091303
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FACILITY NAME: WOOD GLEN HALL, INC.	FACILITY NUMBER: 421700457
ADMINISTRATOR: RICK OLDS	FACILITY TYPE: 740
ADDRESS: 3010 FOOTHILL ROAD	TELEPHONE: (805) 687-7771
CITY: SANTA BARBARA	STATE: CA ZIP CODE: 93105
CAPACITY: 72	CENSUS: 50 DATE: 08/15/2025
MET WITH: Rick Olds, Administrator	UNANNOUNCED TIME BEGAN: 11:40 AM
	TIME COMPLETED: 03:45 PM

ALLEGATION(S):

1	Staff do not ensure resident binders are up to date.
2	Staff are pre-pouring medications.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kristin Kontilis conducted an unannounced 10-day complaint
2	investigation based on the above stated allegations. LPA met with Administrator Rick Olds and explained
3	the purpose of the visit.
4	During today's visit, LPA obtained documents pertaining to the allegation and conducted interviews with
5	staff.
6	On the allegation, "Staff do not ensure resident binders are up to date", LPA reviewed resident records
7	for ten (10) residents and found 10 out of 10 residents' binders to include required documents including
8	but not limited to emergency face sheets, dates of birth, dates of admission, Physician's report,
9	Resident's care plan; Pre-Placement Appraisal and/or Re-Appraisal; and Medication Administration
10	Record. Additionally, per facility staff, the facility is in the process of updating resident records to include
11	recommended documents as a suggestion from a residential care consulting agency. The recommended
12	documents are not required
13	Please continue to 9099-C, Pg 2.

Unsubstantiated

Estimated Days of Completion:

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

DATE: 08/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/15/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

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Control Number 29-AS-20250812091303

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 (Cont)

FACILITY NAME: WOOD GLEN HALL, INC.

FACILITY NUMBER: 421700457

VISIT DATE: 08/15/2025

NARRATIVE

- 1 per Title 22 regulations. Based on records reviewed, interviews conducted, and observations made, the
- 2 allegation Staff do not ensure resident binders are up to date is Unsubstantiated at this time.
- 3
- 4 On the allegation, "Staff are pre-pouring medications", LPA Kontilis reviewed Medication Guide,
- 5 Residential Care Facilities for the Elderly published by California Department of Social Services,
- 6 Community Care Licensing Division, Advocacy and Technical Support, Resource Guide, TSP 2016-03
- 7 (version 8/30/2021) with administrator and staff. The medication guide specifically states, "Medications
- 8 may be 'set up' or 'poured' under the following circumstances...Pour medications from the bottle directly
- 9 into the individual resident's cup/utensil to avoid touching or contaminating the medication; implement a
- 10 process to ensure medication is given to the correct resident; implement procedures for situations such
- 11 as medication spillage, contamination, assisting with liquid medication, interactions of medications, etc.
- 12 During today's visit, LPA Kontilis interviewed Staff 1 (S1) wherein S1 demonstrated the steps they take
- 13 when popping medications prior to administering to residents in care. S1's demonstration included
- 14 precautions taken such as wearing gloves to ensure no contamination of the medication occurs. LPA
- 15 observed the medication cups to have the Resident's name, picture, and room number on each
- 16 medication cup. S1 further stated if a resident needs assistance at the time of medication administration,
- 17 S1 will call for additional assistance from a caregiver and/or other staff to assist. S1 stated they have
- 18 worked in the facility for over a decade and has followed this procedure consistently with no history of
- 19 medication errors or contaminations.
- 20 Based on interviews conducted, records reviewed, and observations made, the allegation that staff are
- 21 pre-pouring medications is Unsubstantiated at this time.
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- 23 Exit interview conducted. No deficiencies noted. Copy of report issued at the time of the visit.
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NAME OF LICENSING PROGRAM MANAGER: Kelly Burley
NAME OF LICENSING PROGRAM ANALYST: Kristin Kontilis
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/15/2025