

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 421700457

Report Date: 02/06/2026

Date Signed: 02/06/2026 03:28:58 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 **06/30/2025** and conducted by Evaluator Kristin Kontilis

	COMPLAINT CONTROL NUMBER: 29-AS-20250630152236
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FACILITY NAME: WOOD GLEN HALL, INC.	FACILITY NUMBER: 421700457
ADMINISTRATOR: JESSICA HONG	FACILITY TYPE: 740
ADDRESS: 3010 FOOTHILL ROAD	TELEPHONE: (805) 687-7771
CITY: SANTA BARBARA	ZIP CODE: 93105
CAPACITY: 72	DATE: 02/06/2026
MET WITH: Rick Olds, Administrator	UNANNOUNCED TIME BEGAN: 10:45 AM
	TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1	Staff failed to assist residents with transportation needs.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kristin Kontilis conducted a subsequent complaint visit to issue final findings on the allegation stated above. Long Term Care Ombudsman Diane See accompanied LPA during the visit.
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4	LPA met with Rick Olds, Administrator, and explained the purpose of the visit. On 7/8/2025 from 11:51 am to 5:00 pm, LPA Kontilis conducted an initial complaint visit to obtain documents and conduct interviews.
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6	On the allegation: Staff failed to assist residents with transportation needs. It was alleged the facility's wheelchair transportation bus had been non-operational for more than a year during which time the facility transportation consisted of two SUV vans for approximately 5-6 passengers per van. It was alleged that on 6/28/2025 there was an outing scheduled, and a resident in a wheelchair was denied participation because their wheelchair was too large for the available transportation van. It was alleged that the resident was discouraged from attending the outing so they could accommodate ambulatory residents and/or
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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: 02/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/06/2026

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 2

Control Number 29-AS-20250630152236

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: 02/06/2026

NARRATIVE

1 residents only using walkers on the outing. During today's visit, interviews conducted revealed Resident
2 1 (R1) was discouraged from attending the outing because R1's wheelchair took up space that could
3 accommodate additional residents.
4 During today's visit, Administrator stated at the onset of becoming Administrator in August 2025,
5 Administrator recognized the need to get the facility bus up and running and promised the residents that
6 it would be fully operable in time for the holiday season. Administrator stated a representative from the
7 California Highway Patrol, Safety Service and Security, Coastal Division MCSU was consulted during
8 the process which took approximately three (3) months to bring the project to fruition making the facility
9 bus fully operable.
10 Based on the information obtained, the allegation is Substantiated at this time and a technical violation
11 has been issued.

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13 Exit interview conducted. Copy of report and Appeal Rights issued at the time of the visit.
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SUPERVISORS NAME: Kelly Burley
LICENSING EVALUATOR NAME: Kristin Kontilis
LICENSING EVALUATOR SIGNATURE:

DATE: 02/06/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/06/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 2