

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 421701844

Report Date: 04/08/2025

Date Signed: 04/08/2025 03:56:36 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
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FACILITY NAME: CLIFF VIEW TERRACE	FACILITY NUMBER: 421701844
ADMINISTRATOR/MURPHY, EVELINA L. DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 1020 CLIFF DRIVE	TELEPHONE: (805) 963-7556
CITY: SANTA BARBARA	STATE: CA
CAPACITY: 72	ZIP CODE: 93109
TYPE OF VISIT: Required - 1 Year	CENSUS: 40
	DATE: 04/08/2025
	UNANNOUNCED TIME VISIT/INSPECTION 11:40 AM
	BEGAN:
MET WITH: Eve Murphy, Administrator	TIME VISIT/INSPECTION 04:00 PM
	COMPLETED:

NARRATIVE	
1	Licensing Program Analyst (LPA) Kristin Kontilis conducted an unannounced required Annual Inspection
2	visit at the above-named facility. Upon arrival, LPA was greeted by Eve Murphy, Administrator and Ruby
3	Rodriguez, Assistant Administrator and explained the purpose of the visit. At the time of arrival, there
4	were four (4) care staff on duty and forty residents in care. Administrator Evelina Murphy was present
5	during the inspection.
6	
7	Entrance interview conducted:
8	The facility is a one-story Residential Care Facility for the Elderly (RCFE) with a dementia waiver and a
9	hospice waiver for 10. Currently, there are 6 residents on hospice, and no bedridden residents.
10	A tour of the physical environment and accommodations were assessed, and the following was noted:
11	LPA observed the required posting of the complaint poster and Resident's Rights. LPA inspected the
12	one-story facility for fire safety, personal accommodations, and food service.
13	The physical environment was checked for cleanliness and condition. Walls, windows, ceilings, doors,
14	floors and floor coverings were checked. The facility was seen to be in good repair inside and outside.
15	There are nine (9) fire extinguishers and two pull alarms. The fire extinguishers were last inspected on
16	3/26/2025. The dual carbon monoxide detector/smoke alarms are in good working order. The kitchen is
17	equipped with an automatic sprinkler system.
18	The kitchen area was sufficiently stocked with two-day perishables and seven days of non-perishables.
19	Snacks and beverages are readily available for Residents. Frozen foods are properly wrapped and
20	stored appropriately. LPA observed the kitchen cabinets, refrigerator, stove, and counters are clean.
21	Medications are kept along with medications in a locked closet. LPA noted medications are administered
22	as prescribed. Additional First Aid kit, and First Aid supplies are kept in a separate locked centrally
23	stored
24	Please continue to 809-C, Pg 2.
25	

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

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 04/08/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 04/08/2025

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.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364</p>
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FACILITY NAME: CLIFF VIEW TERRACE

FACILITY NUMBER: 421701844

VISIT DATE: 04/08/2025

NARRATIVE	
1	cabinet. First Aid supplies include emergency lanterns with resident room numbers noted on the
2	lanterns, flashlights, emergency disaster bags, and more.
3	Residents participate independently in music entertainment, joyous movement (music and chair
4	exercise), floral arranging, books by Braille, pet therapy with various types of pets, arts and crafts, and
5	outings to parks, restaurants, and other local attractions.
6	Upon entrance into the facility, there are walkways, sitting areas, and a variety of plants. There are no
7	bodies of water. The facility consists of a lobby, Administrator's office, a cinema, the common area
8	including the dining area, beauty salon, library, and two conference rooms.
9	The kitchen is equipped with industrial kitchen equipment and is neat and clean. The facility maintains a
10	comfortable temperature.
11	There are 39 rooms with 7 private bedrooms and 32 shared rooms. There are approximately 20
12	bedrooms with private baths. Each bedroom has a bed, nightstands, and ceiling lights and nightstand
13	lamps to provide sufficient lighting. The bathrooms have secure grab bars and no skid flooring.
14	Residents' files were reviewed. LPA noted that on file for each resident was the following: Physician's
15	Reports, Admission Agreements, Medical Assessments, Identification and Emergency information,
16	Appraisals/Needs Service Plan, and Medication Administration Records (MARs).
17	All persons associated with the facility have criminal record clearance. Administrator certificate is valid.
18	Staff files reviewed had criminal record statements, health screenings, current first aid certificates, and
19	all required training.
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21	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: 04/08/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/08/2025
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