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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 425800464
Report Date: 06/30/2026
Date Signed: 06/30/2026 04:15:52 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364

FACILITY NAME:	VISTA DEL MONTE		FACILITY NUMBER:	425800464
ADMINISTRATOR/ DIRECTOR:	DOUGLAS TUCKER		FACILITY TYPE:	741
ADDRESS:	3775 MODOC ROAD		TELEPHONE:	(805) 687-0793
CITY:	SANTA BARBARA	STATE: CA	ZIP CODE:	93105
CAPACITY: 266		CENSUS: 208	DATE:	06/30/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	11:00 AM
MET WITH:	Douglas Tucker, Administrator		TIME VISIT/ INSPECTION COMPLETED:	04:30 PM

NARRATIVE

Licensing Program Analyst (LPA) Kristin Kontilis conducted an unannounced required Annual Inspection at the above-named facility. Upon arrival, LPA was greeted by Administrator Douglas Tucker who was immediately available to participate in the inspection. LPA explained the purpose of the visit.

Entrance interview conducted.
The facility is a Continuing Care Retirement Community (CCRC) licensed for 266 residents who are 60 years old or older of which 147 residents may be non-ambulatory, and 28 may be bedridden. The facility has a hospice waiver for twenty (20) residents. Currently, there are thirteen (13) residents on hospice and zero bedridden residents.
A tour of the physical environment and accommodations were assessed, and the following was noted: LPA observed the required posting of the complaint poster and Resident's Rights. LPA inspected the one-story facility for fire safety, personal accommodations, and food service.
The facility consists of 8 separate buildings, including a memory care resident unit, assisted living resident unit, an independent living unit, fitness & aquatic center, and a building combining a library, patio room, main dining room, main lounge, and the administration offices. The facility also houses a wellness clinic within the memory care unit and a corner store within one of the independent living buildings.
The facility's Fitness and Aquatic Center provides exercising, fitness classes, fall prevention classes, balance classes, seated martial arts, pool volleyball, and physical therapy inside and outside the pool.

Please continue to 809-C, Pg 2.

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

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/30/2026

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364

FACILITY NAME: VISTA DEL MONTE **FACILITY NUMBER:** 425800464
VISIT DATE: 06/30/2026

NARRATIVE

Artwork including photography classes, Ted Talks, poetry reading, music, meditation, religious services, special celebrations, happy hour, lawn exercise, Pilates, games, and movies are provided in various common areas of the facility. Residents may participate at will on excursions to local beaches, parks, museums, and special excursions outside the immediate area.
The facility has a main kitchen for residents of the facility in the main dining room building. The kitchen area was observed to be clean and in good working condition. LPA observed enough perishables for 2 days and non-perishables for 7 days for all residents in care.
The physical environment was checked for cleanliness and condition. The facility was seen to be in good repair inside and outside. Fire inspection was current as of 1/29/2026.
Personnel records were reviewed for health screening, trainings, and required hiring information.
Residents' files were reviewed. LPA noted that on file for each resident was the following: Physician's Reports, Admission Agreements, Medical Assessments, Identification and Emergency information, Appraisals/Needs Services Plans, and Medication Administration Records (MARs).
Medication inventory revealed dates of administration of medications could not be verified as no start date was documented and an accurate medication count could not be confirmed.

The following deficiencies were observed (See LIC 809-D) and cited from the California Code of Regulations, Title 22 and California Health and Safety Code.

Exit interview conducted. A copy of the report and appeal rights issued at the time of the visit.

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley
NAME OF LICENSING PROGRAM ANALYST: Kristin Kontilis
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 06/30/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/30/2026

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Created By: Kristin Kontilis On 06/30/2026 at 03:58 PM
Link to Parent Document Below:

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87465(c)(2)	

87465(c)(2) Incidental and Medical Care: ....Once ordered by the physician the medication is given according to the physician's directions.
This requirement has not been met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation and record review, the licensee did not comply with the section cited above when an accurate medication account could not be verified which poses an immediate health and safety risk to residents in care.
	POC Due Date: 07/02/2026
	Plan of Correction
1 2 3 4	Administrator agrees to conduct an in-service education for all staff who administer medications including description, dates training(s) to be held, first and last names of trainees, first and last name of trainers. Administrator agrees to submit in-service education information to LPA via email no later than due date.

		Section Cited			

	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 2 3 4	

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: 06/30/2026

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