

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 425800464  
Report Date: 06/23/2021  
Date Signed: 06/23/2021 02:36:23 PM

Document Has Been Signed on 06/23/2021 02:36 PM - It Cannot Be Edited

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: VISTA DEL MONTE	FACILITY NUMBER: 425800464
ADMINISTRATOR: DOUGLAS TUCKER	FACILITY TYPE: 741
ADDRESS: 3775 MODOC ROAD	TELEPHONE: (805) 687-0793
CITY: SANTA BARBARA	STATE: CA
CAPACITY: 266	ZIP CODE: 93105
TYPE OF VISIT: Required - 1 Year	CENSUS: 172
MET WITH: Douglas Tucker, Administrator	DATE: 06/23/2021
	UNANNOUNCED TIME BEGAN: 10:00 AM
	TIME COMPLETED: 02:00 PM

NARRATIVE	
1	Licensing Program Analysts (LPAs) Darlene Chavez and Kristin Kontilis conducted an onsite one-year
2	infection control annual visit to the above-named facility. LPAs met with Douglas Tucker, Administrator
3	and Ali Reynoso, Director of Health Services and explained the purpose of the visit.
4	LPAs conducted a physical tour of the facility. The facility has submitted a Mitigation Plan to the
5	Department. The facility has an entry station at the side of the building. Upon entry, staff and visitors are
6	required to sign-in, complete a symptom questionnaire, and have a temperature screening. All
7	documentation is kept in a storage unit at the point of entry. The entry station has PPE gear, hand
8	sanitizer, and a thermometer.
9	The facility is located on a 10-acre community with seven buildings. The level of care includes
10	independent living, assisted living, and memory care. The facility has a fitness and aquatic center with a
11	full-size lap swimming pool. The fitness and aquatic center has staff on-duty from approximately 7 am –
12	5 pm. The center is locked and not available to residents in care when there is no staff on duty.
13	The independent living units consist of 138 units and are fully equipped with oven, refrigerator and have
14	microwaves.
15	The assisted living unit has a library, main lounge, dining area, multi-purpose room, fitness area,
16	wellness area, little theater, and open patio area. There are 34 resident rooms in the assisted living unit.
17	The memory care facility has 24 resident rooms, a dining room, two common areas, two multi-purpose
18	rooms, two open patios, and a wellness center.
19	Meals are prepared in the main kitchen and delivered to the assisted living and memory care units. The
20	independent living units have their own kitchens or kitchenettes.
21	Screening of residents for symptoms and temperature checks are conducted daily in the assisted living
22	and memory care units. Facility staff monitor residents for change of condition. Increased monitoring is
23	conducted if a change of condition is noted of any residents showing COVID-19 symptoms, or signs of a
24	fever.
25	Residents participate in Zoom activities, drum circles, water coloring, games, sing-a-longs, bean bag
	throw, exercise classes (inside and outside), educational presentations, a variety activities with
	University of California, Santa Barbara (UCSB) students, caring companions, peer counselors, scenic
	rides to local
	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:** 06/23/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 06/23/2021

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

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

**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** VISTA DEL MONTE

**FACILITY NUMBER:** 425800464

**VISIT DATE:** 06/23/2021

**NARRATIVE**

1 beaches and parks, medication classes, spiritual engagement activities, and family vehicle parades  
2 around the perimeter of the community.  
3 Signs are posted on hallway bulletin boards stating COVID-19 symptoms should be reported to staff,  
4 Administrators, and Licensee.  
5 The room temperature in the facility was measured at a comfortable temperature at 12:05 pm.  
6 The trash, recycling, and green waste bins are kept in a gated area with no access to residents in care.  
7 Exit interview conducted. No citations issued. Copy of the report has been given.

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9 **\*THIS IS AN AMENDED REPORT OF THE ORIGINAL REPORT DATED 6/23/2021.**  
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**NAME OF LICENSING PROGRAM MANAGER:** Kelly Burley

**NAME OF LICENSING PROGRAM ANALYST:** Kristin Kontilis

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 06/23/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 06/23/2021