

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 425800511
Report Date: 09/08/2026
Date Signed: 09/08/2026 04:03:50 PM

COMPREHENSIVE INSPECTION

Document Has Been Signed on 09/08/2026 04:03 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
FACILITY EVALUATION REPORT	

FACILITY NAME:	CASA NAOMI	FACILITY NUMBER:	425800511
ADMINISTRATOR/RHONNA BUYCO DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	855 N. PATTERSON AVE.	TELEPHONE:	(805) 681-9567
CITY:	SANTA BARBARA	STATE: CA	ZIP CODE: 93111
CAPACITY: 6		CENSUS: 6	DATE: 09/08/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	BEGAN: 10:50 AM
MET WITH:	Rhonna Buyco	TIME VISIT/INSPECTION	COMPLETED: 04:10 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Kristin Kontilis conducted an unannounced required Annual Inspection to the above-named facility. LPA was greeted by Staff 1 (S1) and explained the purpose of the visit. At the time of arrival, there were two residents in care and three (3) staff on duty. Administrator Rhonna Buyco participated in the inspection. Entrance interview conducted. LPA conducted a physical tour of the facility. This is a one-story home licensed as a Residential Care Facility for the Elderly (RCFE) and maintains a service contract with Tri-Counties Regional Center for 5 residents. It is home to residents who may have a dementia diagnosis and/or developmentally/intellectually disabled. The facility's fire clearance has been approved for 5 non-ambulatory residents and 1 bedridden resident. The facility has a hospice waiver for 1 resident. There are currently five residents residing in the facility. There are no residents currently on hospice. 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. First aid kit was observed to be complete. The physical environment was checked for cleanliness and condition. Walls, windows, ceilings, doors, floors and floor coverings were checked. The kitchen, living room, and dining area are neat and clean. Fire inspection was conducted on 7/22/2026. There are six (6) dual carbon monoxide/smoke alarms in good working condition. The backyard has a gazebo with outdoor furniture, and flower beds with paved walkways. There are no bodies of water. The backyard is conducive for visits and activities held outdoors. The recycling bin, green waste bin, and trash bins are standard bins with flip lids. The facility maintains a comfortable temperature with centralized heating and air conditioning. Hallways, bedroom doors and walls are in good repair. Please continue to 809-C, Page 2.
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DATE: 09/08/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/08/2026

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

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically III, 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	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	CCLD Regional Office, 21731 VENTURA BLVD.
	#250
	WOODLAND HILLS, CA 91364

FACILITY NAME: CASA NAOMI

FACILITY NUMBER: 425800511

VISIT DATE: 09/08/2026

NARRATIVE	
1	The facility has 5 bedrooms for 6 residents. Bedroom #2 has a private bathroom. Each resident's room
2	is furnished with overhead lights to provide sufficient lighting.
3	There are two shared bathrooms—one shared bathroom is off the hallway located at the front of house
4	leading from the living room. One bathroom is located in the second hallway leading from the dining
5	area. All residents have access to the two shared bathrooms.
6	Residents participate at will in individualized activities such as Special Olympics, art activities, karaoke,
7	outdoor barbeques, special holiday celebrations, individual recognitions, walks around the
8	neighborhood, as well as excursions to local eateries and day trips to other communities.
9	Residents' records were reviewed including Emergency Face Sheet, Admission Agreement, Appraisals,
10	Functional Capabilities, Needs and Services Plan, Individualized Program Plan, health screenings, and
11	each resident's cash on hand. All residents' records are current. Medications are administered as
12	prescribed.
13	Personnel records were reviewed including orientation training, OSHA training, and Medication
14	Administration training for employees who have been employed for less than one year. Trainings
15	conducted for employees who have been employed for one or more years include Dementia (8.0 hours),
16	Medication Administration (4.0 hours), Assistance with Daily Living Needs (ADLs) (4.0 hours), Abuse
17	and reporting requirements (physical, emotional, financial, neglect/supervision and mandated reporting)
18	(1.0 hours), Hospice and End-of-Life (1.0 hours), Emergency and Disaster Preparedness (flood, power
19	outage, fire, earthquake, unwelcomed intruder) (1.0 hours).
20	Emergency and Disaster Preparedness trainings are conducted quarterly and varied amongst different
21	shifts on different days. All persons associated with the facility have criminal record clearances and have
22	been properly associated to the facility.
23	Emergency and Disaster Preparedness Plan was reviewed to include evacuation procedures, assembly
24	points, shelter locations, modes of transportation, designated assignments, emergency back-up
25	equipment, supplies, and necessities, and utility shut off location and procedure instructions. Assembly
26	points include specific designated areas within close proximity to the facility.
27	The facility has two mini-vans and one large van with a wheelchair lift, and four private vehicles. The
28	facility vehicles have capability to carry ambulatory and non-ambulatory residents and their personal
29	items including wheelchairs, walkers, medications, required residents' records, and emergency supplies.
30	
31	Exit interview conducted. No deficiencies noted. No citations issued. Copy of report issued at the time of
32	the visit.

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley NAME OF LICENSING PROGRAM ANALYST: Kristin Kontilis LICENSING PROGRAM ANALYST SIGNATURE:		DATE: 09/08/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 09/08/2026