

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 425800777
Report Date: 10/10/2025
Date Signed: 10/10/2025 02:26:50 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		CCLD Regional Office, 21731 VENTURA BLVD.	
		#250	
		WOODLAND HILLS, CA 91364	
FACILITY NAME: HERITAGE HOUSE-AN ASSISTED LIVING COMMUNITY		FACILITY NUMBER:	425800777
ADMINISTRATOR/ALEJANDRA NUNEZ		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(805) 967-2661
ADDRESS: 5200 HOLLISTER AVE.	STATE: CA	ZIP CODE:	93111
CITY: SANTA BARBARA	CENSUS: 58	DATE:	10/10/2025
CAPACITY: 68	UNANNOUNCED TIME VISIT/	INSPECTION	10:14 AM
TYPE OF VISIT: Required - 1 Year	BEGAN:	TIME VISIT/	INSPECTION
	MET WITH: Alejandra Nunez, Administrator	COMPLETED:	02:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Kristin Kontilis conducted an unannounced required Annual Inspection
2	at the above-named facility. LPA was greeted by Administrator Alejandra Nunez. LPA explained the
3	purpose of the visit.
4	The facility is a Residential Care Facility for the Elderly (RCFE) and is home to fifty-eight (58) non-
5	ambulatory residents with a Dementia diagnosis, a Hospice Waiver for twenty-five (25) residents, and is
6	approved for delayed egress. Currently, there are nine (9) residents on hospice.
7	At the time of arrival, there were 58 residents in care with three (3) medication technicians/caregivers on
8	duty along with eight (8) caregivers, one (1) Clinical Director, three (3) activities coordinators, and one
9	(1) interim activity director. Administrator and Licensees participated in the inspection.
10	Entrance interview conducted:
11	A tour of the physical environment and accommodations were assessed. The following was noted: LPA
12	observed the required posting of the complaint poster and Resident's Rights. LPA inspected the facility
13	for fire safety, personal accommodations, and food service. The facility maintains a comfortable room
14	temperature.
15	The physical environment was checked for cleanliness and condition. Walls, windows, ceilings, doors,
16	floors and floor coverings were checked. There are approximately sixteen (16) fire extinguishers on the
17	premises serviced once each month since 10/8/2025. There are approximately eight (8) fire pull alarms
18	throughout the facility. There are approximately seventy-eight (78) dual carbon monoxide
19	detectors/smoke alarms throughout the facility. The local fire department is alerted when/if the smoke
20	alarms/carbon monoxide detectors are activated. Fire drills and disaster drills are conducted quarterly.
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22	Please continue to 809-C, Pg 2.
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NAME OF LICENSING PROGRAM MANAGER: Kelly Burley

NAME OF LICENSING PROGRAM ANALYST: Kristin Kontilis

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/10/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/10/2025

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: HERITAGE HOUSE-AN ASSISTED LIVING COMMUNITY

FACILITY NUMBER: 425800777

VISIT DATE: 10/10/2025

NARRATIVE	
1	Residents participate at will in activities such as music and live entertainment, spiritual and religious
2	activities, outings with family members, games, art activities, painting activities, storytelling, word
3	games, travel shows, tri-shaw rides, van rides, and picnics to local parks and attractions. Additionally,
4	the facility participates in the state-based Vitality program through the local community college. Activities
5	are scheduled in the mornings, afternoons, and evenings. Evening activities such as games and
6	storytelling have been incorporated for all residents especially those who may experience sundowning
7	behaviors. The facility incorporated the "Freedom Nature Trax" which is a 'skid steer' mobility device that
8	the individual's wheelchair attaches to giving them the mobility to access trails, parks, beaches, and
9	other outdoor paths with full and/or partial independence.
10	Snacks and beverages are available for residents in care upon request. LPA observed the kitchen area
11	and dining areas to be clean. Cleaning agents and the toxic chemicals are kept in locked supply rooms
12	throughout the facility.
13	The facility consists of four neighborhoods each conducive to the level of care required for the residents.
14	All bedrooms have sufficient lighting, nightstands, beds, and bed furnishings. A locked medication cart is
15	designated for each neighborhood in the Wellness Clinic. First aid supplies are also kept in the Wellness
16	Clinic.
17	Neighborhood #4 is a neighborhood for residents who require a higher level of care. The facility
18	maintains a higher staff ratio in Neighborhood #4 to meet the needs of the residents.
19	Throughout the neighborhoods, there are dining rooms, libraries, beauty salon, social seating areas,
20	outdoor patios, and paved walkways conducive for leisure walks throughout the facility.
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22	Due to time restraints, LPA will return at a later date to continue the inspection.
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24	Exit interview conducted. No deficiencies noted. Copy of report issued at the time of the visit.
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<p>NAME OF LICENSING PROGRAM MANAGER: Kelly Burley NAME OF LICENSING PROGRAM ANALYST: Kristin Kontilis LICENSING PROGRAM ANALYST SIGNATURE:</p>	<p>DATE: 10/10/2025</p>
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<p>FACILITY REPRESENTATIVE SIGNATURE:</p>	<p>DATE: 10/10/2025</p>
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