

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 425800946
Report Date: 08/28/2026
Date Signed: 08/28/2026 03:22:37 PM

COMPREHENSIVE INSPECTION

Document Has Been Signed on 08/28/2026 03:22 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-CATHEDRAL OAKS HOME	FACILITY NUMBER:	425800946
ADMINISTRATOR/RHONNA BUYCO		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	5618 CATHEDRAL OAKS	TELEPHONE:	(805) 964-7925
CITY:	GOLETA	STATE: CA	ZIP CODE: 93117
CAPACITY: 6		CENSUS: 5	DATE: 08/28/2026
TYPE OF VISIT:	Annual/Random	UNANNOUNCEDTIME VISIT/	INSPECTION
			10:50 AM
		BEGAN:	
MET WITH:	Rhonna Buyco, Administrator	TIME VISIT/	
		INSPECTION	03:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Kristin Kontilis conducted an unannounced required Annual Inspection
2	to the above-named facility. Upon arrival, there were five residents in care and three staff on duty. Two
3	residents were present in the facility, and three residents were out in the community attending day
4	programs. House Manager Henry Miranda and staff arrived shortly after LPA's arrival. Administrator
5	Rhonna Buyco arrived shortly thereafter. LPA explained the purpose of the visit.
6	
7	Entrance interview conducted.
8	LPA conducted a physical tour of the facility. This is a one-level home licensed as a Residential Care
9	Facility for the Elderly (RCFE). The facility is home to residents who are non-ambulatory and has a
10	hospice waiver for 2 residents. There are currently six residents residing in the facility. There is one
11	resident currently on hospice. All residents currently receive services from Tri-Counties Regional Center
12	(TCRC).
13	A tour of the physical environment and accommodations were assessed, and the following was noted:
14	LPA observed the required posting of the complaint poster and Resident's Rights.
15	Fire inspection was conducted on 7/22/2026. The dual carbon monoxide/smoke alarms are hard wired
16	and in good working order.
17	The backyard has a gazebo with outdoor furniture, and flower beds with paved walkways. There are no
18	bodies of water. The recycling bin, green waste bin, and trash bins are standard bins with flip lids.
19	LPA inspected the one-story facility for fire safety, personal accommodations, and food service. First aid
20	kit was observed to be complete.
21	The physical environment was checked for cleanliness and condition. Walls, windows, ceilings, doors,
22	floors and floor coverings were checked. The living room and dining area are neat and clean.
23	
24	Please continue to 809-C, Pg 2.
25	



DATE: 08/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/28/2026

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	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: CASA NAOMI-CATHEDRAL OAKS HOME **FACILITY NUMBER:** 425800946
VISIT DATE: 08/28/2026

NARRATIVE	
1	The facility maintains a comfortable temperature with centralized heating and air conditioning. Hallways,
2	doors and walls are in good repair.
3	The facility has 3 shared bedrooms for 6 residents. Each resident's room is furnished with overhead
4	lights to provide sufficient lighting, nightstands, and a bed. There are two bathrooms available to all
5	residents in care. Bathroom #1 is a full bathroom located off the hallway near the residents' shared
6	rooms. Grab bars are secure. Bathroom #2 is a half-bath with secured grab bars.
7	LPA observed a sufficient amount of perishables for two (2) days and non-perishables for seven (7)
8	days.
9	Residents participate at will in individualized activities such as art activities, karaoke, outdoor
10	barbeques, special holiday celebrations, individual recognitions, walks around the neighborhood, as well
11	as excursions to local eateries and day trips to other communities.
12	Residents' records were reviewed including Emergency Face Sheet, Admission Agreement, Appraisals,
13	Functional Capabilities, Needs and Services Plan, Individualized Program Plan, and health screenings.
14	All residents' records are current. Medications are administered as prescribed.
15	Personnel records were reviewed including orientation training, OSHA training, and Medication
16	Administration training for employees who have been employed for less than one year. Trainings
17	conducted for employees who have been employed for one or more years include Dementia (8.0 hours),
18	Medication Administration (4.0 hours), Assistance with Daily Living Needs (ADLs) (4.0 hours), Abuse
19	and reporting requirements (physical, emotional, financial, neglect/supervision and mandated reporting)
20	(1.0 hours), Hospice and End-of-Life (1.0 hours), Emergency and Disaster Preparedness (flood, power
21	outage, fire, earthquake, unwelcomed intruder) (1.0 hours).
22	Emergency and Disaster Preparedness trainings are conducted quarterly and varied amongst different
23	shifts on different days. All persons associated with the facility have criminal record clearances and have
24	been properly associated to the facility.
25	Emergency and Disaster Preparedness Plan was reviewed to include evacuation procedures, assembly
26	points, shelter locations, modes of transportation, designated assignments, emergency back-up
27	equipment, supplies, and necessities, and utility shut off location and procedure instructions. Assembly
28	points include specific designated areas within close proximity to the facility.
29	The facility has two mini-vans and one large van with a wheelchair lift. The facility vehicles have
30	capability to carry ambulatory and non-ambulatory residents and their personal items including
31	wheelchairs, walkers, medications, and required residents' records.
32	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: 08/28/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 08/28/2026

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)	

NARRATIVE	
1	Designated assignments include personnel who are responsible for emergency equipment and supplies, transporting residents, and person(s) responsible for notifying family members and outside agencies. Emergency names and telephone numbers are listed in the Emergency and Disaster Preparedness Plan as required. The Certificate of Liability Insurance is current and meets Community Care Licensing Division (CCLD) requirements. Exit interview conducted. No deficiencies noted. Copy of report issued at the time of the visit.
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley	
NAME OF LICENSING PROGRAM ANALYST: Kristin Kontilis	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/28/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/28/2026