

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 425801380
Report Date: 11/14/2025
Date Signed: 11/14/2025 01:18:52 PM

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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-FAIRVIEW HOME	FACILITY NUMBER:	425801380
ADMINISTRATOR/NOEMI E. BUYCO		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	6181 VERDURA DRIVE	TELEPHONE:	(805) 964-3371
CITY:	GOLETA	STATE: CA	ZIP CODE: 93117
CAPACITY: 6		CENSUS: 6	DATE: 11/14/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/	INSPECTION 10:12 AM
		BEGAN:	
MET WITH:	Rhonna Buyco, Administrator	TIME VISIT/	INSPECTION 01:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Kristin Kontilis conducted an unannounced one-year required Annual
2	Inspection to the above-named facility. LPA was greeted by House Manager, Sammy Ramirez.
3	Administrator Rhonna Buyco arrived shortly after LPA's arrival.
4	The facility is a Residential Care Facility for the Elderly (RCFE) and is home to non-ambulatory clients
5	with a Dementia diagnosis and/or developmental disabilities. The facility has an approved Hospice
6	Waiver for three clients. Currently, there are no clients on hospice. The facility has a service contract
7	with Tri-Counties Regional Center.
8	There are currently six (6) clients residing in the facility. At the time of arrival, there were three (3) clients
9	in care and one (1) staff on duty. Two clients were working at their day jobs through an adult work
10	program. One client was outside the facility at an adult day program.
11	
12	Entrance interview conducted:
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. LPA inspected the
15	one-story facility for fire safety, personal accommodations, and food service. The facility maintains a
16	comfortable room temperature.
17	The physical environment was checked for cleanliness and condition. Walls, windows, ceilings, doors,
18	floors and floor coverings were checked. There are two fire extinguishers on the premises last serviced
19	on August 5, 2025. There are 3 dual carbon monoxide detectors/smoke alarms throughout the facility. All
20	are in good working order.
21	The kitchen is equipped with a stove/oven, refrigerator, dishwasher, microwave, coffee pot, and a
22	toaster.
23	Please continue to 809-C, Pg 2.
24	
25	

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

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/14/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/14/2025

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: CASA NAOMI-FAIRVIEW HOME	FACILITY NUMBER: 425801380
	VISIT DATE: 11/14/2025

NARRATIVE	
1	Snacks and beverages are readily available for clients in care. LPA observed enough perishables for
2	two days and non-perishables for seven days. LPA observed the kitchen area and dining areas to be
3	clean. Cleaning agents and the toxic chemicals are kept in locked closet in the laundry area.
4	Medications are kept in a locked cabinet in the dining area. First aid kit is kept in a locked closet in the
5	staff room.
6	There are four private bedrooms and one shared bedroom. All bedrooms are adequately furnished with
7	a bed, night stand, overhead and/or table lamps. There is one bathroom off the hallway available to
8	clients in care and one bathroom on the north side of the common area. Both of the bathrooms have
9	non-skid flooring and grab bars for safety.
10	The backyard consists of paved walkways, patio tables with umbrellas, and well-manicured shrubs and
11	trees. The recycling, trash, and green waste bins are standard bins.
12	Clients participate at will in various activities such as adult day programs, employment opportunities
13	outside the facility, and outings to local eateries and shopping areas. Staff and clients share gardening
14	activities that include vegetables and fruit. Special events are held to celebrate birthdays, holidays, as
15	well as personal recognition and accomplishments.
16	Facility Administrator has a plan in place for when and whom to notify in an outbreak or other
17	emergencies.
18	Clients records were reviewed for health screenings, appraisals, and pre-appraisals. Medications are
19	given as prescribed.
20	Personnel records were reviewed for criminal background clearance, health screenings, and trainings.
21	Administrator's Certificate is valid.
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23	Exit interview conducted. No deficiencies noted. Copy of report issued via email by request of
24	Administrator.
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NAME OF LICENSING PROGRAM MANAGER: Kelly Burley	
NAME OF LICENSING PROGRAM ANALYST: Kristin Kontilis	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 11/14/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 11/14/2025