

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 425801782
Report Date: 06/03/2026
Date Signed: 06/03/2026 03:47:51 PM

Document Has Been Signed on 06/03/2026 03:47 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 - BRADFORD HOME	FACILITY NUMBER:	425801782
ADMINISTRATOR/NOEMI E. BUYCO		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	7779 BRADFORD DRIVE	TELEPHONE:	(805) 685-2625
CITY:	GOLETA	STATE: CA	ZIP CODE: 93117
CAPACITY: 6		CENSUS: 0	DATE: 06/03/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/INSPECTION	12:40 PM
		BEGAN:	
MET WITH:	Rhonna Buyco, Administrator	TIME VISIT/INSPECTION	04:00 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Kristin Kontilis conducted an unannounced Annual Required visit and inspection of the facility. LPA was greeted by Licensee Rhonna Buyco and explained the purpose of the visit. Currently there are no residents residing in the facility. Entrance interview conducted. The facility is home to six (6) non-ambulatory residents. The facility is a two-story home consisting of a living room, dining room, kitchen, and four (4) bedrooms. Bedroom #1 is a shared bedroom with a private bathroom. Bedrooms #2 and #3 are private bedrooms. Bedroom #4 is a shared bedroom. There is one bathroom off the hallway. All residents have access to the hallway bathroom. The second floor of the facility is the private residence of the staff and Licensee. The laundry room is located in the garage with no access to residents. A tour of the physical environment and accommodations were assessed. The physical environment was checked for cleanliness and condition. Walls, windows, ceilings, doors, floors and floor coverings were checked. The kitchen was observed to be clean and sanitary. The living room and dining areas are neat and clean. The dining area is located next to the kitchen area. Access into the garage area is available through the dining area. The facility maintains a comfortable room temperature. Hallways, bedroom doors and walls are in good repair. 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: 06/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/03/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: CASA NAOMI - BRADFORD HOME **FACILITY NUMBER:** 425801782
VISIT DATE: 06/03/2026

NARRATIVE	
1	A fire extinguisher is located in the entry way near the front entrance into the facility. The fire
2	extinguisher was serviced on 8/5/2025. There are six (6) dual smoke alarms/carbon monoxide detectors
3	throughout the facility, all in good working order.
4	The backyard has a covered patio and wheelchair ramp to access the patio area. There is a double
5	storage area located in the backyard adjacent from the patio area.
6	The facility provides care for residents who receive services from Tri-Counties Regional Center (TCRC).
7	The facility will begin accepting residents within the next 30 days.
8	Personnel records were reviewed. All staff have criminal record clearance and have been properly
9	associated to the facility.
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11	Exit interview conducted. No deficiencies noted. Copy of report issued at the time of the visit.
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NAME OF LICENSING PROGRAM MANAGER: Kelly Burley	
NAME OF LICENSING PROGRAM ANALYST: Kristin Kontilis	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/03/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/03/2026