

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 425801937

Report Date: 02/24/2026

Date Signed: 02/26/2026 08:19:49 AM

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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
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FACILITY EVALUATION REPORT	
FACILITY NAME: MARAVILLA	FACILITY NUMBER: 425801937
ADMINISTRATOR/GRANDE, RUTH E DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 5486 CALLE REAL	TELEPHONE: (805) 967-1965
CITY: SANTA BARBARA	STATE: CA
CAPACITY: 131	ZIP CODE: 93111
TYPE OF VISIT: Required - 1 Year	CENSUS: 125
	DATE: 02/24/2026
	UNANNOUNCED TIME VISIT/INSPECTION 12:15 PM
	BEGAN:
MET WITH: Anna Munoz, Director of Assisted Living	TIME VISIT/INSPECTION 05:15 PM
	COMPLETED:

NARRATIVE	
1	Licensing Program Analyst (LPA) Kristin Kontilis conducted an unannounced Annual Inspection to the
2	above-named facility. LPA was greeted by Anna Munoz, Director of Assisted Living and explained the
3	purpose of the visit. Christina Martinez, Director of Enliven (Memory Care) participated in the inspection.
4	Ruth Grande, Administrator, participated in the inspection at approximately 1:15 PM.
5	
6	Entrance interview conducted.
7	The facility is a three-story Residential Care Facility for the Elderly (RCFE) with a hospice waiver for 20.
8	Currently, there are 22 residents with a dementia diagnosis, 10 residents on hospice, and 4 residents on
9	oxygen. There are no residents who are bedridden resident at this time.
10	The facility entrance consists of a large lobby, a concierge desk for check-in, and a hallway at the right
11	of the lobby leading to the administration offices. Immediately past the concierge's desk is a stairway
12	that leads to the residential area.
13	Residents participate independently in live entertainment and music, worship support, exercise
14	activities, card games, lectures, Resident Council Townhall meetings, Bingo, art, reading club, pet
15	therapy, arts and crafts, and outings to parks, restaurants, shopping excursions, museums, theater
16	events, and other local attractions.
17	Residents' files were reviewed. LPA noted that on file for each resident was the following: Medical
18	Assessments, Identification and Emergency information, Appraisals/Needs Service Plan, and Health
19	Screenings.
20	
21	Please continue to 809-C, Pg 2.
22	
23	
24	
25	

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



DATE: 02/24/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 02/24/2026

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 FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
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FACILITY NAME: MARAVILLA

FACILITY NUMBER: 425801937

VISIT DATE: 02/24/2026

NARRATIVE	
1 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	<p>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 facility for fire safety and other hazards. LPA observed elevator #2 is currently out of order. LPA observed the front first floor restroom is currently out of order due to a slow leak. The leak also affects the front second floor restroom.</p> <p>Personnel Records were reviewed. Record review revealed Personnel Record (Application), Health Screening, and trainings including Dementia, Postural Supports, and General Topics.</p> <p>At approximately 2:59 pm, record review revealed Staff 1 (S1) was no longer associated to the facility as of 12/30/2025. Administrator Ruth Grande stated S1 has worked at the facility since 11/1/2024. Administrator further stated S1 was disassociated in error when disassociating another staff with a similar last name. During today's visit, Administrator completed the association process for S1.</p> <p>Due to time restraints, LPA will return at a later date to continue the annual inspection.</p> <p>Pursuant to Title 22 Division 6 Chapter 8 of the CA Code of Regulations, the following deficiency was cited (refer to LIC 809-D):</p> <p>Exit interview conducted. Copy of report and Appeal Rights issued at the time of the visit.</p>

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley NAME OF LICENSING PROGRAM ANALYST: Kristin Kontilis LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 02/24/2026
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/24/2026
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FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: MARAVILLA

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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/24/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type A	Section Cited	CCR	87355(e)(3)
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87355(e)(3) Criminal Record Clearance: (e)(3) Request and be approved for a transfer of a criminal record exemption, as specified in Section 87356(r), unless, upon request for a transfer, the Department permits the individual to be employed, reside or be present at the facility.

This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on record review, the licensee did not comply with the section cited above when S1 was disassociated from the facility in error which poses an immediate health and safety risk to residents in care. Civil Penalty Assessed.
2	
3	
4	
POC Due Date: 02/25/2026	
Plan of Correction	
1	Civil Penalty issued. Administrator associated S1 at the time of the visit. POC cleared on this date.
2	
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4	

Section Cited

Deficient Practice Statement	
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POC Due Date:	
Plan of Correction	
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2	
3	
4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Kelly Burley
NAME OF LICENSING PROGRAM ANALYST:	Kristin Kontilis
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/24/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87303(a)	
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87303(a) Maintenance and Operation: (a) The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.
 This requirement is not met as evidenced by:

Deficient Practice Statement

1	Based on observation and interviews conducted, the licensee did not comply with the section cited above as #2 Elevator was inoperable which poses a potential health and safety hazard to residents in care.
2	
3	
4	

POC Due Date: 03/02/2026

Plan of Correction

1	Administrator agrees to have the service company "re-pack" the elevator as part of their service contract. Administrator states most likely, the elevator will be operating in full capacity by 2/27/2026.
2	
3	
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		Section Cited			
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Deficient Practice Statement

1	
2	
3	
4	

POC Due Date:

Plan of Correction

1	
2	
3	
4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Kelly Burley
NAME OF LICENSING PROGRAM ANALYST:	Kristin Kontilis
LICENSING PROGRAM ANALYST SIGNATURE:	<div style="border: 1px solid black; width: 100%; height: 40px; display: flex; align-items: center; justify-content: center;"> </div>
	DATE: 02/24/2026

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