

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 425801937
Report Date: 02/05/2025
Date Signed: 02/05/2025 03:11:47 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: 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 ZIP CODE: 93111
CAPACITY: 131	CENSUS: 117 DATE: 02/05/2025
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION BEGAN: 10:28 AM
MET WITH: Ruth Grande, Administrator & Anna Munoz, Dir of AL	TIME VISIT/INSPECTION COMPLETED: 03:30 PM

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. Ruth Grande, Administrator participated in the inspection at approximately 2:45 PM.
4	Entrance interview conducted.
5	The facility is a three-story Residential Care Facility for the Elderly (RCFE) with a hospice waiver for 20.
6	Currently, there are 21 residents with a dementia diagnosis, 18 residents on hospice and 7 residents on
7	oxygen. There are no bedridden residents at this time.
8	A tour of the physical environment and accommodations were assessed, and the following was noted:
9	LPA observed the required posting of the complaint poster and Resident's Rights. LPA inspected the
10	facility for fire safety and other hazards.
11	The facility entrance consists of a large lobby, a concierge desk for check-in, and a hallway at the right
12	of the lobby leading to the administration offices. Immediately past the concierge's desk is a stairway
13	that leads to the residential area.
14	Residents participate independently in live entertainment and music, worship support, exercise
15	activities, card games, lectures, Resident Council Townhall meetings, Bingo, art, reading club, pet
16	therapy, arts and crafts, and outings to parks, restaurants, shopping excursions, museums, theatre
17	events, and other local attractions.
18	The fire extinguishers were charged and last serviced on 12/9/2024. LPA observed elevators are in good
19	working order.
20	LPA observed the kitchen and dining area were clean and sanitary. LPA observed a sufficient amount of
21	perishables for two days and non-perishables for seven days for all residents in care.
22	Residents' files were reviewed. LPA noted that on file for each resident was the following: Admission
23	Agreements, Medical Assessments, Identification and Emergency information, Appraisals/Needs
24	Service Plan, and Health Screenings.
25	Due to time restraints, LPA will return at a later date to continue the annual inspection.

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley

NAME OF LICENSING PROGRAM ANALYST: Kristin Kontilis

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/05/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/05/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.