

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 425801981
Report Date: 07/01/2026
Date Signed: 07/01/2026 03:42:41 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: YOUR HOME, RCFE		FACILITY NUMBER:	425801981
ADMINISTRATOR/VIKTORIIA ANDREICHENKO		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	128 SAN RAFAEL AVENUE	TELEPHONE:	(805) 965-3885
CITY:	SANTA BARBARA	STATE: CA	ZIP CODE: 93109
CAPACITY: 6		CENSUS: 5	DATE: 07/01/2026
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME VISIT/INSPECTION	10:45 AM
MET WITH: Viktoriia Andreichenko, Administrator		BEGAN: TIME VISIT/INSPECTION	03:50 PM
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analyst (LPA) Kristin Kontilis conducted an unannounced Annual Required visit and		
2	inspection of the facility. At the time of arrival, there were five (5) residents in care, and one (1) staff as		
3	well as Administrator Viktoriia Andreichenko were on duty.		
4			
5	Entrance interview conducted:		
6			
7	LPA explained the purpose of the visit. The facility is a one-story Residential Care Facility for the Elderly		
8	(RCFE). The facility accepts residents with a dementia diagnosis; has hospice care waiver for four		
9	residents; and a fire clearance for six non-ambulatory residents. Currently there are no residents on		
10	hospice residing in the facility.		
11	A tour of the physical environment and accommodations were assessed, and the following was noted:		
12	LPA observed the required posting of the complaint poster and Resident's Rights. LPA inspected the		
13	one-story facility for fire safety, personal accommodations, and food service. The facility maintains a		
14	comfortable room temperature. First aid kit was observed to be complete.		
15	The physical environment was checked for cleanliness and condition. Walls, windows, ceilings, doors,		
16	floors and floor coverings were checked. There are two fire extinguishers on the premises last serviced		
17	on 5/26/2026. There is a total of one (1) carbon monoxide detectors and five (5) smoke alarms		
18	throughout the facility all in good working order.		
19	Residents participate at-will in activities including exercising, walking around the facility grounds and the		
20	neighborhood, music activities, and dance performances.		
21			
22	Please continue to 809-C, Pg 2.		
23			
24			
25			

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

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/01/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/01/2026

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: YOUR HOME, RCFE	FACILITY NUMBER: 425801981
	VISIT DATE: 07/01/2026

NARRATIVE	
1	Snacks and beverages are available for residents in care upon request. LPA observed the kitchen
2	cabinets, refrigerator, stove, and counters are clean. Cleaning agents and the toxic chemicals are kept
3	in a locked garage. Medications are kept in a cabinet located in the Administrator's office.
4	Sharps are kept in a locked box under the kitchen sink..
5	The backyard has a deck with table and chairs, a gazebo, raised garden area and a ramp for access
6	throughout the yard. The backyard is conducive for outdoor visitations. The front yard has garden areas
7	and access as the main entrance into the facility. The recycling bin, green waste bin, and trash bins are
8	standard bins with flip lids.
9	The facility has three (3) shared bedrooms for a capacity of six residents. All of the bedrooms are
10	furnished with lights and nightstand lamps to provide sufficient lighting.
11	Bedroom #1 and 2 utilize a bathroom off the hallway. Bedroom #3 has a private bathroom utilized only
12	by the residents who reside in Bedroom #3.
13	Residents records and personnel records were reviewed and found to be in good order.
14	All persons associated with the facility have a criminal background clearance.
15	Administrator's certificate is current.
16	LPA observed a sufficient amount of perishables for two days and non-perishables for seven days.
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18	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: 07/01/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/01/2026