

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 425802106

Report Date: 01/27/2026

Date Signed: 01/27/2026 04:54:43 PM

Substantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/04/2025** and conducted by Evaluator Rachael De Leon

	COMPLAINT CONTROL NUMBER: 29-AS-20250604132416
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FACILITY NAME: WESTMONT OF SANTA BARBARA	FACILITY NUMBER: 425802106
ADMINISTRATOR: JADE ALMA-HARRIS	FACILITY TYPE: 740
ADDRESS: 190 VIAJERO DR	TELEPHONE: (805) 265-4327
CITY: GOLETA	ZIP CODE: 93117
CAPACITY: 99	DATE: 01/27/2026
MET WITH: Jade Alma-Harris	UNANNOUNCED TIME BEGAN: 03:55 PM
	TIME COMPLETED: 05:00 PM

ALLEGATION(S):

1	Staff leave resident unattended for extended periods of time.
2	Staff do not respond to requests for assistance from resident.
3	Resident's room is odiferous.
4	Staff do not provide activities to resident(s).
5	Staff do not ensure that resident receives their mail.
6	Staff do not ensure that resident's bedding is sanitary.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) De Leon conducted a subsequent complaint visit to the facility above to deliver final findings of the complaint allegations. LPA met with Administrator Jade Alma-Harris and explained the purpose of the visit.
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5	LPA De Leon conducted the 10-day visit on 06/10/2025, interviewed staff at 11:00 am, interviewed residents at 11:30am and collected records. Witnesses were interviewed on 06/09/2025 in the afternoon and by email on 08/18/2025. LPA De Leon made a subsequent visit on 11/21/2025 to interview staff at 10:30 am, 11:02 am, 11:25 am, 12:20pm, 2:10pm, 2:41pm, interviewed residents at 2:26pm and 3:05pm.
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9	LPA De Leon collected further records on 11/17/2025 and 12/08/2025 and reviewed additional records.
10	On 11/25/2026 LPA De Leon conducted a subsequent visit and interviewed residents at 12:55pm, 1:15pm, 1:42pm, 2:20pm, and 3:15pm..
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12	Continued 9099-C
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Substantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Kelly Burley
LICENSING EVALUATOR NAME: Rachael De Leon
LICENSING EVALUATOR SIGNATURE:

DATE: 01/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/27/2026

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

LIC9099 (FAS) - (06/04)

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 21731 VENTURA BLVD.
#250
WOODLAND HILLS, CA 91364

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: WESTMONT OF SANTA BARBARA

FACILITY NUMBER: 425802106

VISIT DATE: 01/27/2026

NARRATIVE

1 On the allegation: Staff leave residents unattended for extended periods of time. LPA De Leon reviewed
2 call button logs for the 7 randomly chosen residents at the facility for a 7-day period from June 1, 2025-
3 June 7, 2025, which revealed 3 out of 7 residents reviewed had call button logs over 15 minutes to a
4 maximum of 96 minutes. One Resident had 9 calls over 15 minutes, 1 at 15 minutes, 2 at 16 minutes, 1
5 at 18 minutes, 1 at 20 minutes, 1 at 21 minutes, 1 at 22 minutes, 1 at 25 minutes and 1 at 48 minutes.
6 The next resident had 1 call at 37 minutes, another Resident had 7 calls with 1 at 15 minutes, 1 at 16
7 minutes, 1 at 17 minutes, 1 at 19 minutes, 1 at 40 minutes, 1 at 50 minutes and 1 at 96 minutes. Staff
8 interviews revealed call buttons are usually answered in under 10 minutes if the facility is fully staffed.
9 Staff stated residents use the call buttons for non-emergent matters at times. LPA reviewed records and
10 there is no way for staff to tell if the next call button press is non-emergent or an emergency matter
11 unless staff go to the location and check on the resident. Staff interviews revealed the facility was short
12 staffed for periods of time during 2024-2025 and during those times when the facility was short staffed it
13 took longer to answer the calls while doing regular duties assigned with resident's showers, dressing,
14 transferring and assistance. Staff stated that when they are with a resident, they must finish taking care
15 of the resident before they can move on to the next call or the next duty assigned. Based on the
16 evidence this allegation is **Substantiated** at this time.

17
18 On the allegation: Staff do not respond to requests for assistance from residents. LPA De Leon reviewed
19 call button logs for the 7 randomly chosen residents at the facility for a 7-day period from June 1, 2025-
20 June 7, 2025, which revealed 3 out of 7 residents reviewed had call button logs over 15 minutes to a
21 maximum of 96 minutes. One Resident had 9 calls over 15 minutes, 1 at 15 minutes, 2 at 16 minutes, 1
22 at 18 minutes, 1 at 20 minutes, 1 at 21 minutes, 1 at 22 minutes, 1 at 25 minutes and 1 at 48 minutes.
23 The next resident had 1 call at 37 minutes, another Resident had 7 calls with 1 at 15 minutes, 1 at 16
24 minutes, 1 at 17 minutes, 1 at 19 minutes, 1 at 40 minutes, 1 at 50 minutes and 1 at 96 minutes. LPA
25 reviewed 7 randomly chosen resident care plans which revealed six out of seven (6/7) residents had
26 care plans with additional services needed.

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28 Continued 9099-C
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SUPERVISORS NAME: Kelly Burley
LICENSING EVALUATOR NAME: Rachael De Leon
LICENSING EVALUATOR SIGNATURE:

DATE: 01/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/27/2026

LIC9099 (FAS) - (06/04)

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Control Number 29-AS-20250604132416

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 21731 VENTURA BLVD.

COMPLAINT INVESTIGATION REPORT (Cont)

#250
WOODLAND HILLS, CA 91364

FACILITY NAME: WESTMONT OF SANTA BARBARA

FACILITY NUMBER: 425802106

VISIT DATE: 01/27/2026

NARRATIVE

1 Care Plan 1- included Bathing maximum assistance 2 x per week, Dressing maximum assistance daily
 2 in the am and pm, Oral Care maximum assistance daily, Hearing moderate assistance with devices from
 3 Med-Tech daily am and pm, Toileting maximum assistance several times daily, Meals moderate
 4 assistance cutting, preparing and prompting, Engagement minimal assistance needed, Housekeeping
 5 services 1X per week.
 6 Care Plan 2- included Bathing is now done by Hospice Agency staff, Dressing maximum assistance
 7 reminders and preparing items, Toileting maximum assistance stand by assist as needed daily,
 8 Transfers moderate assistance standby assist when needed daily, Mobility maximum assistance escort
 9 to meals with walker and reminders, Medication Management maximum assistance med pass 2x a day,
 10 Coordination of Care moderate assistance with hospice agency, Housekeeping services 1x per week
 11 with daily trash pickup.
 12 Care Plan 3- included Cognition, Behavioral Expression and Communication minimum assistance
 13 prompting and observation, Bathing maximum assistance 1x per week, Mobility minimum assistance
 14 walker with daily observation, Care Plan 4- included Bathing is done by Hospice agency, Dressing is
 15 maximum assistance daily am and pm, Toileting maximum assistance daily when needed, Transfer
 16 maximum assistance daily, Mobility maximum assistance daily, Meals minimum assistance daily
 17 reminders, Engagement minimum assistance reminders and observation, Medication Maximum
 18 Assistance needed. Housekeeping services 1X per week.
 19 Care Plan 5-included Mobility maximum assistance for escorts, walker and wheelchair, Engagement
 20 minimum assistance for need and observation, housekeeping services 1X per week.
 21 Care Plan 6-included Bathing maximum assistance 1 staff 2 x a week, Dressing maximum assistance,
 22 Toileting maximum assistance, Mobility maximum assistance with a walker, Medication maximum
 23 assistance pass up to 4 or more times per day by a medication technician (Med-tech), Coordination with
 24 outside agency moderate assistance Home Health, Housekeeping services 1X per week and Trash
 25 assistance daily 7 x a week.
 26 Care Plan 7-Resident does not have additional services and is independent of the care plan.
 27 Care staff are assigned residents to showers, dressing, and transfers daily and in addition to residents
 28 pressing their pendants for help daily. Records reviewed show the residents waiting 15 plus minutes for
 29 help with daily Assistance with Assistance with Daily Living (ADL) and on days where the staff are short-
 30 handed the wait times can be even longer. Staff interview revealed staff do respond to residents for
 31 assistance but at times residents wait so long the resident does the tasks themselves, which can be a
 32 safety risk for some.
 Continued 9099-C

SUPERVISORS NAME: Kelly Burley

LICENSING EVALUATOR NAME: Rachael De Leon

LICENSING EVALUATOR SIGNATURE:

DATE: 01/27/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/27/2026

LIC9099 (FAS) - (06/04)

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COMMUNITY CARE LICENSING DIVISION
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#250
WOODLAND HILLS, CA 91364

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: WESTMONT OF SANTA BARBARA

FACILITY NUMBER: 425802106

VISIT DATE: 01/27/2026

NARRATIVE

1 Timely assistance was not provided to residents in care based on record review and interviews this
 2 allegation is **Substantiated** at this time. This allegation is the same deficiency as the one cited on the
 3 previous allegation and will not be cited due to duplication of the same deficiency.
 4
 5 On the allegation: Resident's room is odiferous. LPA De Leon conducted a tour of resident 1's (R1's)
 6 room and once LPA entered the doorway the room had a strong urine odor. LPA took photos of R1's bed
 7 and restroom which both needed cleaning and sanitizing. Staff interviews revealed 5 out of 7 staff stated
 8 R1's room had a heavy urine odor. Witness interview revealed resident room had a heavy smell of urine
 9 all the time and an odor of feces at times when the bedding had not been changed. Witness interview

10 stated it had been reported to the care staff and directors and nothing was done about it. R1's care plan
11 revealed that R1 could not clean R1's own room and restroom and this was to be completed by
12 housekeeping staff. Staff stated that R1's room was brought to the attention of housekeeping and
13 directors, and the care plan was not updated to accommodate additional services needed to maintain
14 odor, cleanliness, sanitation and disinfection. R1 moved out of the facility, and according to interviews it
15 took several cleanings to get the room back into rentable condition, therefore this allegation is
16 **Substantiated** at this time.

18 On the allegation: Staff do not provide activities for residents. LPA interviewed staff members which
19 revealed activities program director quit, and the new activity staff or director was not hired for several
20 months leaving activities short staffed for a period of 1-3 months, some staff helped run a few activities
21 during this period, but several activities were cancelled. The activities calendar was not followed during
22 this time. Resident interviews revealed residents would attend the activity posted on the calendar and no
23 staff would show up to run the activity. Several residents said they no longer attend activities or certain
24 activities are not the same as they used to be and residents do not care to attend any longer. Witnesses
25 interviewed revealed staff weren't providing the residents with activities. A witness said the facility had
26 bingo at witness request, but the facility expected resident family members to call out the bingo numbers
27 due to not having enough staff to run the activities. Based on the evidence this allegation is
28 **Substantiated** at this time.

30 Continued 9099-C

SUPERVISORS NAME: Kelly Burley
LICENSING EVALUATOR NAME: Rachael De Leon
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 01/27/2026

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FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 01/27/2026

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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: WESTMONT OF SANTA BARBARA **FACILITY NUMBER:** 425802106
VISIT DATE: 01/27/2026

NARRATIVE

1 On the allegation: Staff do not ensure that residents receive their mail. LPA observed packages being
2 delivered to the facility, LPA interviewed the front desk staff to see what the procedure was for resident's
3 package delivery. Staff stated the packages were delivered to the front desk, left on the counter area
4 and when any staff member had time the packages were picked up by staff at the front desk and
5 delivered to the resident's room. The staff stated they do not log or keep any information regarding
6 delivery of packages received on file or any information about the staff that delivered the packages to
7 the room. According to Witnesses packages were shown as delivered by the carrier but not received by
8 the residents and it was unknown where the packages were at in the facility. LPA recommended a log to
9 be kept so staff could be aware of what was delivered by the carrier and who delivered the package to
10 the residents' room. The front desk keeps a log of package deliveries now. Based on the lack of
11 resident's package not getting delivered to the resident's room, the package not being available for pick
12 up at the front desk and the resident not getting the package after delivery by the carrier to the facility.
13 The facility failed to safeguard the residents mailed packages therefore this allegation is **Substantiated**
14 at this time.

16 On the allegations: Staff do not ensure that residents' bedding is sanitary. LPA De Leon conducted a
17 tour of resident 1's (R1's) room and once LPA entered the doorway the room had a strong urine odor.
18 LPA took photos of R1's bed and restroom which both needed cleaning and sanitizing. Staff interviews
19 revealed 5 out of 7 staff stated R1's room had a heavy urine odor and in need of cleaning. Witnesses
20 interview revealed resident room had a heavy smell of urine all the time and an odor of feces at times
21 when the bedding had not been changed. Witnesses interview stated it had been reported to the care
22 staff and directors and nothing was done about it. R1's care plan revealed that R1 could not clean R1's
23 own room and restroom and this was to be completed by housekeeping staff. Staff stated that R1's room
24 was brought to the attention of housekeeping staff and directors, and the care plan was not updated to
25 accommodate additional services needed to maintain odor, cleanliness, sanitation and disinfection. R1's
26

27 linens were only being changed weekly or longer if staff were shorthanded. R1's linens were not
 28 changed after being soiled with urine and feces therefore this allegation is **Substantiated** at this time.
 29
 30 Exit interview conducted, deficiencies cited, copy of report and appeal rights printed for Administrator.
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SUPERVISORS NAME: Kelly Burley
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LICENSING EVALUATOR SIGNATURE: _____
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FACILITY NAME: WESTMONT OF SANTA BARBARA **FACILITY NUMBER:** 425802106
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 01/27/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/03/2026 Section Cited CCR 87468.2(a)(4)	1 (a)... (4)To care, supervision, and 2 services that meet their individual 3 needs and are delivered by staff that 4 are sufficient in numbers, qualifications, 5 and competency to meet their needs. 6 This requirement was not met as 7 evidenced by:	1 Administrator agreed to higher enough 2 staffing for current residents' care 3 needs to be met in a timely matter. 4 Provide proof of staffing with an LIC 5 500 and Call button logs over 15 6 minutes for the month of February 2026 7 showing a decrease in wait times for 8 resident care compared to prior months 9 logs.
	8 Based on interviews and records the 9 Licensee did not comply with the 10 regulation above, Residents that 11 pushed call buttons for care needs 12 waited prolonged periods of time for 13 assistance which possess a potential 14 health, safety and personal rights risk to 15 residents in care.	
Type B 03/03/2026 Section Cited CCR 87625(b)(3)	1 (b)... (3)Ensuring that incontinent 2 residents are kept clean and dry and 3 that the facility remains free of odors 4 from incontinence. This requirement 5 was not met as evidenced by: 6 7	1 Administrator agreed to make sure all 2 current residents have care plans 3 updated to reflect the current needs 4 and services for those residents, have 5 adequate staffing to keep residents and 6 rooms clean and free from odors of 7 incontinence, 8 See below:
	8 Based on LPA observation and 9 interviews the Licensee did not comply 10 with the regulations above, R1's room 11 was not kept clean and free from odors 12 from incontinence which possess a 13 potential health, safety and personal 14 rights risk to residents in care.	8 send LIC 500, list of incontinent 9 residents and a statement of how the 10 facility will ensure the facility is free 11 from odors of incontinence. 12 13 14

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

SUPERVISORS NAME: Kelly Burley
LICENSING EVALUATOR NAME: Rachael De Leon

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/27/2026

Control Number 29-AS-20250604132416

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION 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: WESTMONT OF SANTA BARBARA

FACILITY NUMBER: 425802106

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/27/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/03/2026 Section Cited CCR 87219(f)	1 (f)...one staff member shall have full-time responsibility to organize, conduct 2 and evaluate planned activities,...staff 3 assistance as necessary in order for all 4 residents to participate in accordance 5 with their interests and abilities....,This 6 requirement was not met as evidenced 7 by:	1 Administrator agreed to provide LIC 2 500 with Activity Director name, hours 3 working, and activity calendars for 4 January and February 2026. 5 6 7
	8 Based on staff and resident interviews, 9 the Activity Director quit, and it took 10 several months to fill the position, 11 activities were not being conducted as 12 the calendar indicated which poses a 13 potential health, safety and personal 14 rights risk to residents in care.	
Type B 02/03/2026 Section Cited CCR 87468.2(a)(25)	1 (a)... (25)To protection of their property 2 from theft or loss according to Health 3 and Safety Code sections 1569.152, 4 1569.153, and 1569.154. This 5 requirement was not met as evidenced 6 by: 7	1 Administrator agreed to safeguard 2 resident's packages delivered to the 3 facility and log the incoming packages 4 at the front desk when received and 5 name of staff delivered to residents' 6 room. Provide a copy of the log for 7 resident's packages delivered to the facility for January 2026.
	8 Based on interview Licensee did not 9 comply with the regulation above, R1's 10 package was not found after carrier 11 delivered to the facility which possess a 12 potential personal rights risk to 13 residents in care. 14	

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

SUPERVISORS NAME: Kelly Burley LICENSING EVALUATOR NAME: Rachael De Leon LICENSING EVALUATOR SIGNATURE:	DATE: 01/27/2026
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I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION 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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Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/03/2026 Section Cited CCR 87307(a)(3)(C)	1 (a)...(3)...(C)Clean linen, including... 2 The quantity shall be sufficient to permit 3 changing at least once per week or 4 more often when indicated to ensure 5 that clean linen is in use by residents at 6 all times...The requirement was not met 7 as evidenced by:	1 Administrator agreed to keep enough 2 housekeeping & maintenance staff 3 hired to always maintain the cleanliness 4 and sanitary conditions of the facility, 5 resident's rooms and bedding, make 6 sure the housekeepers schedule 7 Continued below:
	8 Based on LPA observation and 9 interviews, the Licensee did not comply 10 with the regulation above, R1's linens 11 were not being changed more often to 12 ensure R1 had clean linen to always 13 use which possess a potential health, 14 safety and person rights risk to residents in care.	8 accommodated all residents bedding 9 and maintenance, housekeeping and 10 care staff are trained in regulation 11 87307, provide proof and an up to date 12 LIC 500 to CCL. 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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

SUPERVISORS NAME: Kelly Burley
LICENSING EVALUATOR NAME: Rachael De Leon
LICENSING EVALUATOR SIGNATURE: _____
DATE: 01/27/2026

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