

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 425802116
Report Date: 08/27/2025
Date Signed: 08/27/2025 04:34:31 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 **02/19/2025** and conducted by Evaluator Mark Jeffries

	COMPLAINT CONTROL NUMBER: 29-AS-20250219113025
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FACILITY NAME: SANTA BARBARA MEMORY CARE	FACILITY NUMBER: 425802116
ADMINISTRATOR: LISA GERR	FACILITY TYPE: 740
ADDRESS: 325 W ISLAY ST	TELEPHONE: (805) 880-4770
CITY: SANTA BARBARA	STATE: CA ZIP CODE: 93101
CAPACITY: 36	CENSUS: 14 DATE: 08/27/2025
MET WITH: Wellness Director, Cielo Valladares	UNANNOUNCED TIME BEGAN: 02:45 PM
	TIME COMPLETED: 04:45 PM

ALLEGATION(S):

1	Facility did not issue a refund to resident.
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INVESTIGATION FINDINGS:

1	At 3:30pm on 08/27/2025, Licensing Program Analyst (LPA) Jeffries arrived to the facility unannounced to
2	deliver the final findings to this complaint. LPA met with, Wellness Director, Cielo Valladares, announced
3	who he is and the reason for the visit. LPA received verbal authorization from Administrator via telephone
4	call to have Wellness Director, Cielo Valladares review and sign complaint findings report.
5	As to the allegation, "Facility did not issue a refund to resident." It was alleged that, "the facility was
6	taking about three weeks to cash the resident's checks and then were placing late fees..." the facility was
7	processing checks late when received on time, when they were mailed and followed up with phone call
8	confirmation. It was discovered through interviews and documentation that on 05/15/2025, Licensing
9	Program Analyst (LPA) Jeffries conducted an interview with Family Member 1 (F1) who stated that they
10	had sent a check for Resident 1 (R1) every month from out of state prior to the billing date on the 1st of
11	the month. F1 stated that they followed up to the facility with a confirmation phone call to ensure that the
12	facility received the check. F1 stated that, "Many of the issues we experienced were due to frequent
13	changes to the administrative staff.
	CONTINUED on LIC9099-C

Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley
NAME OF LICENSING PROGRAM ANALYST: Mark Jeffries
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/27/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/27/2025

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

LIC9099 (FAS) - (06/04)

Page: 1 of 3

Control Number 29-AS-20250219113025

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 (Cont)

FACILITY NAME: SANTA BARBARA MEMORY CARE

FACILITY NUMBER: 425802116

VISIT DATE: 08/27/2025

NARRATIVE

1 Communication was poor at best." On 06/25/2025 LPA reviewed documentation provided by F1 that
 2 included a single email correspondence by email dated Tuesday January 30th, 2024 @ 8:00pm with
 3 Business Office Manager of Facility, Staff 1 (S1), acknowledging there was need to solve "billing issues".
 4 LPA also reviewed documentation of billing statements for the 30 months that R1 resided in the facility.
 5 LPA noted that late fees of \$100 and \$250 began to appear on R1's billing statement on 04/15/2022
 6 which showed 8 late charges of \$100 and starting 06/15/2025 there were 14 late charges of \$250
 7 beginning on 06/15/2023. Two of those late charges of \$250 were refunded, the first refund was
 8 07/15/2025, and the second was 08/15/2025, both charges were refunded the same day they were
 9 billed according to F1's billing statement. In February of 2024, F1's bank statement indicated alternative
 10 payment method to Rent Café', From February 2024 through July 2024 all payments were assessed a
 11 late fee of \$250. Based on the email dated 01/30/2024. Late charge totals from 04/15/2022 through
 12 05/15/2023 of \$100 totaled \$800 in accessed late fees. From 06/15/2023 through 07/13/2024 there were
 13 14 late fee charges of \$250, with 2 late fee charges of \$250 refunded (\$500) accounting for a total of
 14 \$3000 (\$3500) in accessed late fees at \$250. For the 30 months R1 resided in the facility there was a
 15 total late fee charge of \$3800 (\$4300) noted to R1's billing statement. The email from S1 to F1 dated
 16 01/30/2025 indicates there are billing issues accounts for a total of \$2300 in late fee charges up to that
 17 date. LPA noted that facility Contact pertaining to payments reads as follows, "The Monthly Fee is
 18 payable in advance by the first (1st) day of each calendar month and is considered delinquent if not
 19 received by the fifth (5th) day of the month."Based on check book log provided by F1 which shows dates
 20 posted on checks are prior to due date and interview indicating checks were place in the mail before due
 21 date and followed up with phone calls for confirmation that checks sent by mail had been received, with
 22 no facility staff currently employed that handled mail payments available to support to the contrary. On
 23 02/24/2025, and 05/21/2025 LPA interviewed current facility Administrator Lisa Gerr, who stated they did
 24 not have knowledge of specific billing issues prior to being an administrator. LPA reviewed billing
 25 documentation of 16 additional residents all residing at the facility during the same time period. All 16
 26 residents resided approximately one month or less compared to R1's 30 months as a resident, with 3
 27 out of 16 receiving late fee charges with less than one month of being a resident at this facility. LPA
 28 attempted to contact former Business Office Manager (S1) who sent the "resolve billing issues" email
 29 but received no response. LPA noted that R1's billing statement indicated a refund of \$756.46 which
 30 notes there is a potential overbilling discrepancy of \$3,043.54. At this time based on documentation and
 31 interviews, there is enough evidence support the allegation of, "Facility did not issue a refund to
 32 resident." and is substantiated at this time. Exit interview, report read, citation issued, appeal rights and
 report provided.

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NAME OF LICENSING PROGRAM ANALYST: Mark Jeffries
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/27/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/27/2025

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: SANTA BARBARA MEMORY CARE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 425802116
VISIT DATE: 08/27/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 09/10/2025 Section Cited CCR 87507(g)(3)(B)2	1 87507 Admission Agreement (g) 2 Admission agreements shall specify the 3 following: (3) Payment provisions, 4 including the following:(B) Rate for 5 additional items and services, including: 6 2.A separate charge for an item or 7 service may be assessed only if that	1 Administrator agrees to create a Mail 2 intake log to identify dates mail is 3 received. Administrator will write a 4 policy on mail intake and email 5 supervising LPA with policy by 6 09/10/2025. Administrator will contact 7 Business office for agreement to satisfy outstanding fees balance before 09/10/25.	
	8 charge is included in and authorized by 9 the admission agreement. By not 10 processing checks revived in the mail 11 when in timely manor when revived, 12 which poses a potential risk to residents 13 in care. 14		
	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.

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley NAME OF LICENSING PROGRAM ANALYST: Mark Jeffries LICENSING PROGRAM ANALYST SIGNATURE:		DATE: 08/27/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
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