

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 425802116
Report Date: 07/22/2026
Date Signed: 07/22/2026 01:53:04 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:	SANTA BARBARA MEMORY CARE	FACILITY NUMBER:	425802116
ADMINISTRATOR/LISA GERR		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(805) 845-7218
ADDRESS:	325 W ISLAY ST	ZIP CODE:	93101
CITY:	SANTA BARBARA	STATE: CA	
CAPACITY:	36	CENSUS: 19	
DATE:		DATE:	07/22/2026
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED TIME VISIT/INSPECTION	10:20 AM
MET WITH:	Lisa Gerr, Administrator	BEGAN: TIME VISIT/INSPECTION	01:50 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Kristin Kontilis conducted an unannounced Case Management – Other visit. LPA was greeted by Administrator Lisa Gerr and explained the for the purpose of the visit. Entrance interview conducted. The purpose of today’s visit is to make an observation pertaining to the facility’s adherence to the fire clearance regulation. Upon arrival, LPA observed a chained bike lock wrapped around the pedestrian gate at the entrance into the memory care yard. Administrator stated she learned the pedestrian gate has been inoperable since 7/7/2026. Administrator stated she had been notified that the gate was malfunctioning prior to 7/7/2026 to which she tested the gate on 7/7/2026 then requested a service call from a local repair company. On 7/21/2026, a representative from the repair company came to repair the gate. Administrator stated the service representative diagnosed the repair was a result of debris build-up, cleaned the lock, and checked it for operability. Administrator stated that immediately following the service repair, Staff 1 (S1) tested the gate and noticed that it was again not operable. Administrator stated a request has been made for the gate lock to be replaced but a date has not yet been provided. During today’s visit, LPA observed the bike lock wrapped twice around the pedestrian gate, the vehicle gate is operable, and pedestrians as well as vehicles are accessing the vehicle gate for entrance and exit. At approximately 10:29 am, LPA and Administrator observed a service provider access the vehicle gate, Please continue to 809-C, Pg 2.
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Kelly Burley Kristin Kontilis

DATE: 07/22/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/22/2026

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

FACILITY NAME: SANTA BARBARA MEMORY CARE

FACILITY NUMBER: 425802116

VISIT DATE: 07/22/2026

NARRATIVE	
1	observed the vehicle gate opened to its full extent, and the service provider entered through the vehicle
2	gate and the gate closed after 90 seconds. At approximately 10:41 am, LPA and Administrator observed
3	a visitor enter through the vehicle gate, the vehicle gate again opened to its full extent, and the visitor
4	entered through the vehicle gate and the gate closed after 77 seconds. At approximately 10:46 am, LPA
5	and Administrator observed a vehicle leaving the facility through the vehicle gate at which time the
6	vehicle gate opened to its full extent, the vehicle left the premises and the vehicle gate closed after 111
7	seconds. Administrator stated she is aware of the safety risk for residents when the vehicle gate is open.
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9	Pursuant to Title 22 Division 6 Chapter 8 of the CA Code of Regulations, the following deficiency was
10	cited (refer to LIC 809-D):
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12	Exit interview conducted. Copy of report and Appeal Rights 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: 07/22/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/22/2026

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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** SANTA BARBARA MEMORY CARE**FACILITY NUMBER:** 425802116**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 07/22/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/23/2026 Section Cited CCR 87303(a)	1 87303 Maintenance and Operation: (a) 2 The facility shall be...safe...and in good 3 repair at all times. 4 This requirement is not met as 5 evidenced by: 6 7	1 Administrator agrees to provide written 2 plan in place to notify all responsible 3 parties, guests, and/or visitors of the 4 inoperable pedestrian gate. 5 Administrator agrees to post signage 6 throughout the facility to inform 7 responsible parties, guests, and visitors to be aware of the inoperable pedestrian gate.
	8 The licensee did not comply with the 9 section cited above when observation 10 revealed the pedestrian gate 11 entering/exiting the facility is inoperable 12 with access limited to the vehicle gate 13 which remains open for an extended 14 amount of time which poses an immediate health and safety risk to residents in care.	8 Administrator agrees to notify all staff to 9 take additional cautionary measures to 10 ensure safety of residents, responsible 11 parties, visitors, and staff. 12 13 14
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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	Kelly Burley
MANAGER:	
NAME OF LICENSING PROGRAM	Kristin Kontilis
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 07/22/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 07/22/2026