

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 425802118
Report Date: 04/21/2026
Date Signed: 04/21/2026 05:05:22 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: OAK COTTAGE OF SANTA BARBARA MEMORY CARE		FACILITY NUMBER:	425802118
ADMINISTRATOR/TYLER BARNES		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	1820 DE LA VINA STREET	TELEPHONE:	(805) 456-7270
CITY:	SANTA BARBARA	STATE: CA	ZIP CODE: 93101
CAPACITY: 50	CENSUS: 37	DATE:	04/21/2026
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME VISIT/INSPECTION	11:00 AM
MET WITH: Tyler Barnes, Administrator		BEGAN: TIME VISIT/INSPECTION	05:00 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Kristin Kontilis conducted an unannounced required Annual Inspection
2	to the above-named facility. LPA met with Thania Calixto, Med Tech and explained the purpose of the
3	visit. Anne Breuker, Business Office Director participated in the inspection. Administrator Tyler Barnes
4	became available later in the inspection.
5	The facility is a two-story secured perimeter Residential Care Facility for the Elderly (RCFE). There are
6	currently 37 residents in care with a Dementia diagnosis. There are fifteen (15) residents currently on
7	hospice.
8	The facility is licensed for a capacity of 50 residents of which 39 may be non-ambulatory and 11 may be
9	bedridden. The facility has a hospice waiver for 20.
10	A tour of the physical environment and accommodations were assessed, and the following was noted:
11	LPA observed the required posting of the complaint poster and the Long Term Care Ombudsman
12	Advocacy poster. LPA inspected the facility for fire safety, personal accommodations, and food service.
13	The physical environment was checked for cleanliness and condition. Walls, windows, ceilings, doors,
14	floors and floor coverings were checked. There are three (3) fire extinguishers on the first floor and two
15	(2) fire extinguishers on the second floor. All fire extinguishers were serviced on 1/6/2026. Each
16	resident's room has a dual smoke alarm and carbon monoxide detector. First Aid kits are kept in the
17	Medication area of the Nurse's station on Floor 2, the kitchen and reception area on Floor 1.
18	LPA observed the kitchen cabinets, refrigerator, and stove are clean.
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20	Please continue to 809-C, Pg 2.
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NAME OF LICENSING PROGRAM MANAGER: Kelly Burley	
NAME OF LICENSING PROGRAM ANALYST: Kristin Kontilis	

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/21/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/21/2026

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: OAK COTTAGE OF SANTA BARBARA
MEMORY CARE

FACILITY NUMBER: 425802118

VISIT DATE: 04/21/2026

NARRATIVE	
1	Residents participate at will in activities such as exercise classes, nature walks, puzzles, games, "Living the Dream", Happy Hour, virtual travel tours, excursions to local eateries, and scenic rides. Residents receive assistance with Assisted Daily Living (ADLs) needs such as toileting, bathing, showering, eating, feeding, transferring, laundry tasks, light housekeeping, and medication administration. The front of the facility consists of a patio for visitation, concrete steps, concrete ramps, and concrete walkways. The back patio has a barbeque and outdoor furniture conducive for visitation. The facility has 40 resident rooms. There are 4 shared bedrooms and 7 shared bathrooms. Each bedroom has a bed, nightstand, and lights to provide sufficient lighting. Administrator Tyler Barnes and LPA Kontilis noted the water temperature of two residents' bathrooms measured at 126.4 degrees Fahrenheit (F) at 12:41 pm, 124.7 degrees F at 12:45 pm, 121.2 degrees F at 12:53 pm, and 120.4 degrees F at 12:56 pm. Administrator Barnes stated the circulation pump to the facility boiler had recently been replaced and the thermostat needed to be re-adjusted. Technical violation issued at the time of the visit. Residents' records were reviewed. Admission Agreements, Health Screenings, Needs and Services Plans, Appraisals, Pre-Appraisals, Consent Forms, Physician's Reports have been signed and all records are current. All persons associated with the facility have criminal record clearance. Administrator certificate is valid. Staff files reviewed had criminal record statements, health screenings, current first aid certificates, and all required training. Exit interview conducted. Technical violation issued. 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: 04/21/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 04/21/2026