

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 425802118
Report Date: 07/14/2025
Date Signed: 07/14/2025 04:48:06 PM

Document Has Been Signed on 07/14/2025 04:48 PM - It Cannot Be Edited

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/DIRECTOR:	TYLER BARNES	FACILITY TYPE:	740
ADDRESS:	1820 DE LA VINA STREET	TELEPHONE:	(805) 456-7270
CITY:	SANTA BARBARA	STATE:	CA
CAPACITY:	50	ZIP CODE:	93101
TYPE OF VISIT:	Case Management - Incident	CENSUS:	37
		DATE:	07/14/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	01:00 PM
MET WITH:	Tyler Barnes, Administrator	TIME VISIT/INSPECTION COMPLETED:	04:50 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Kristin Kontilis conducted an unannounced case management incident
2	visit regarding a death on 6/25/2025. LPA met with Administrator Tyler Barnes and explained the
3	purpose of the visit.
4	During today's visit, LPA obtained documents and conducted in-person interviews.
5	On 7/7/2025, the facility submitted a death report for Resident 1 (R1) who passed away on 6/29/2025 at
6	the local hospital. The death report stated the resident was 'admitted to ICU on 6/25/2025, awaiting
7	official cause of death'.
8	At 1:16 PM, LPA spoke with Administrator Barnes who stated 9-1-1 was called for R1 when R1
9	sustained a fall in the facility. LPA conducted a tour of the facility including the location where R1's fall
10	occurred.
11	Administrator Barnes stated on 6/30/2025 at approximately 11:00 am, R1's Power of Attorney (POA)
12	notified the facility receptionist that R1 passed away at the hospital in the evening of 6/29/2025.
13	Documents obtained revealed R1 has sustained multiple falls while residing in the facility. Documents
14	obtained further revealed the facility failed to report several of R1's fall incidents, including R1's fall on
15	6/25/2025.
16	Due to time restraints, LPA will return at a later date to continue the investigation.
17	
18	Pursuant to Title 22, California Code of Regulations, the following deficiencies are cited (refer to LIC
19	809-D).
20	
21	Exit interview conducted. Copy of report and appeal rights issued at the time of the visit.
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley

NAME OF LICENSING PROGRAM ANALYST: Kristin Kontilis

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/14/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/14/2025

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.

LIC809 (FAS) - (09/23)

Page: 2 of 3

Document Has Been Signed on 07/14/2025 04:48 PM - It Cannot Be Edited

Created By: Kristin Kontilis On 07/14/2025 at 04:21 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
--	---

FACILITY NAME: OAK COTTAGE OF SANTA BARBARA MEMORY CARE

FACILITY NUMBER: 425802118

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/14/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)		
Type A 07/15/2025 Section Cited	1 87211(a) Reporting Requirements: 2 (1) A written report shall be submitted 3 to the licensing agency and to the 4 person responsible for the resident 5 within seven days of the 6 occurrence... 7			
	8 This requirement is not met as 9 evidenced by: 10 Based on record review, the licensee 11 did not comply with the section cited 12 above as CCL did not receive 13 incident reports regarding R1's falls 14 including a fall that occurred on 6/25/2025, which poses an immediate health, safety, or personal rights risks to residents in care.	8 9 10 11 12 13 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.

Kelly Burley

NAME OF LICENSING PROGRAM

MANAGER:

NAME OF LICENSING PROGRAM Kristin Kontilis

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/14/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/14/2025