

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 425850001
Report Date: 02/18/2026
Date Signed: 04/29/2026 01:49:15 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: VILLA ALAMAR		FACILITY NUMBER: 425850001	
ADMINISTRATOR/LEICHTER, MITCH		FACILITY TYPE: 740	
DIRECTOR:			
ADDRESS: 45 E ALAMAR AVE		TELEPHONE: (805) 682-9345	
CITY: SANTA BARBARA		STATE: CA ZIP CODE: 93105	
CAPACITY: 43		CENSUS: 27 DATE: 02/18/2026	
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME VISIT/INSPECTION 11:03 AM	
MET WITH: Yesenia Leon, Director of Resident Services; Ingrid Estrella, Associate Executive Director		BEGAN: TIME VISIT/INSPECTION 04:00 PM	
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analyst (LPA) Kristin Kontilis conducted an unannounced required Annual Inspection		
2	at the above-named facility. Upon arrival, LPA was greeted by Yesenia Leon, LVN, Resident Services		
3	Director, Luciana Mitzkun Weston, Community Services Director, and Ingrid Estrella, Executive		
4	Associate Director. Administrator Mitch Leichter arrived later during the inspection. LPA explained the		
5	purpose of the visit. At the time of arrival, there were fourteen (14) various staff members and twenty-		
6	seven (27) residents in care.		
7			
8	Entrance interview conducted.		
9			
10	The facility is a one-story Residential Care Facility for the Elderly (RCFE) licensed for 43 non-		
11	ambulatory of which five (5) can be bedridden. The facility is home to residents with a dementia		
12	diagnosis. The facility has a hospice waiver for twenty (20) residents. Currently, there are eleven (11)		
13	residents on hospice and two bedridden residents.		
14	A tour of the physical environment and accommodations were assessed, and the following was noted:		
15	LPA observed the required posting of the complaint poster and Resident's Rights. LPA inspected the		
16	one-story facility for fire safety, personal accommodations, and food service.		
17	The physical environment was checked for cleanliness and condition. Walls, windows, ceilings, doors,		
18	floors, and floor coverings were checked. The facility was seen to be in good repair inside and outside.		
19	There are four fire extinguishers, inspection was current as of 6/24/2025. The carbon monoxide alarm		
20	and smoke alarms are hard wired and in good working order. Additionally, the facility has three pull fire		
21	alarms.		
22			
23	Please continue to 809-C, Pg 2		
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Kelly Burley			
NAME OF LICENSING PROGRAM ANALYST: Kristin Kontilis			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/18/2026

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

FACILITY NAME: VILLA ALAMAR

FACILITY NUMBER: 425850001
VISIT DATE: 02/18/2026

NARRATIVE	
1	The kitchen area was sufficiently stocked with two-day perishables and seven days of non-perishables.
2	Snacks and beverages are readily available for Residents. Frozen foods are properly wrapped and
3	stored appropriately. LPA observed the kitchen cabinets, refrigerator, stove, and counters are clean.
4	Medications, First Aid kit, and additional first aid supplies are kept in a locked centrally stored cabinet.
5	First aid kits were observed to be complete.
6	Residents participate independently in holiday and birthday celebrations, pet therapy, art therapy,
7	sensory activities, geographical tours via social media, live entertainment, local volunteer group
8	participation, Cycling Without Age, local university and community college activities, physical exercise
9	and activities, and outings to parks, restaurants, and other local attractions.
10	The front entry consists of a sidewalk and concrete ramp entering the facility into the reception area.
11	The facility consists of two wings and an additional building for resident occupancy adjacent from the
12	main building. The main building is a horseshoe shaped building with approximately eighteen residents'
13	rooms. The adjacent building has seven resident rooms. There is a combination of residents' rooms with
14	shared bathrooms and residents' rooms with private bathrooms in the main building and there are only
15	shared bathrooms in the adjacent building. All bathrooms were inspected with secure grab bars and
16	non-skid flooring.
17	The back patio area consists of a garden patio with tables with umbrellas, chairs, and shady trees with a
18	mural wall along the backside. The garden patio is conducive for outdoor visiting as well as various
19	activities and celebrations.
20	There are three dining areas and two common areas available to residents and visitors for dining,
21	activities, and visiting with 24-hour access. The facility maintains a comfortable temperature.
22	Residents' files were reviewed. LPA noted that on file for each resident was the following: Physician's
23	Reports, Admission Agreements, Medical Assessments, Identification and Emergency information,
24	Appraisals/Needs Service Plan, and Medication Administration Records (MARs).
25	During medication inventory, record review revealed on 2/17/2026 two medication errors occurred when
26	Staff 1 (S1) did not provide Resident 1 (R1) two medications to self-administer, Quetiapine 50mg at 5:00
27	pm and Gabapentin 100 mg capsule 1 cap by mouth at bedtime (8:00 pm). Further record review
28	revealed S1's signature on R1's Medication Administration Record (MAR) for those medications on
29	2/17/2026. Additionally,
30	
31	Please continue to 809-C, Pg 2.
32	

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley	
NAME OF LICENSING PROGRAM ANALYST: Kristin Kontilis	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 02/18/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/18/2026

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: VILLA ALAMAR

FACILITY NUMBER: 425850001

NARRATIVE

1 medication inventory record review revealed one bottle of Escitalopram for AM dosage was provided to
 2 the facility upon R1's admission into the facility on 12/17/2025. Upon admission, the facility was
 3 provided one bottle of Escitalopram 10mg with a 90 count. During today's medication inventory, there
 4 was an unexplainable shortage as Staff 2 (S2) counted 19 tablets in the bottle. S2 stated the medication
 5 was provided by R1's responsible party at the time of R1's admission and it was not known how many
 6 tablets were in the bottle at the time the medication was handed over to the facility staff.
 7 All persons associated with the facility have criminal record clearance. Administrator certificate is valid.
 8 Staff files reviewed had criminal record statements, health screenings, current first aid certificates, and
 9 all required training.
 10
 11 Pursuant to Title 22 Division 6 Chapter 8 of the CA Code of Regulations, the following deficiencies were
 12 cited (refer to LIC 809-D):
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 14 Exit interview conducted. Copy of report issued at the time of the visit.
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LIC809 (FAS) - (06/04)

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Created By: Kristin Kontilis On 02/18/2026 at 03:51 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: VILLA ALAMAR

FACILITY NUMBER: 425850001

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/18/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87465(c)(2)	
87465(c)(2) Incidental and Medical Care:Once ordered by the physician the medication is given according to the physician's directions.					
This requirement is not met as evidenced by:					
Deficient Practice Statement					

1	Based on observation and record review, the licensee did not comply with the section cited above when medication inventory revealed R1 was not administered a 5 pm medication and 8 pm medication on 2/17/2026 and there was an unexplainable undercount of another medication belonging to R1 which poses an immediate health and safety risk to residents in care.
2	
3	
4	
	POC Due Date: 02/20/2026
	Plan of Correction
1	Licensee agrees to conduct medication re-training for all medication technicians including the "Six Rights of Medication Administration". Proof of training will be sent to LPA via email including date of training, description of training, attendees (first, last name and signature), and name of trainer. Training to be conducted no later than training due date.
2	
3	
4	

		Section Cited			
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	Deficient Practice Statement
1	
2	
3	
4	
	POC Due Date:
	Plan of Correction
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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 MANAGER:	Kelly Burley
NAME OF LICENSING PROGRAM ANALYST:	Kristin Kontilis
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