

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 425850018
Report Date: 06/10/2026
Date Signed: 06/10/2026 04:30:26 PM

Document Has Been Signed on 06/10/2026 04:30 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: CASA SALISBURY		FACILITY NUMBER:	425850018
ADMINISTRATOR/ZAMYATINA, EKATERINA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(805) 455-9953
ADDRESS: 264 SALISBURY AVE	STATE: CA	ZIP CODE:	93117
CITY: GOLETA	CENSUS: 6	DATE:	06/10/2026
CAPACITY: 6	UNANNOUNCED	TIME VISIT/INSPECTION	11:07 AM
TYPE OF VISIT: Required - 1 Year		BEGAN:	
MET WITH: Anton Zamyatin, Administrator		TIME VISIT/INSPECTION	04:40 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Kristin Kontilis conducted an unannounced Annual Required visit and
2	inspection of the facility. At the time of arrival, there were two (2) staff on duty and six (6) residents in
3	care. Administrator Anton Zamyatin arrived soon after LPA's arrival and participated in the inspection.
4	
5	Entrance interview conducted:
6	The facility is a one-story Residential Care Facility for the Elderly (RCFE). The facility has a dementia
7	waiver for six residents; a waiver for six hospice residents; and a fire clearance for six bedridden
8	residents.
9	Currently, there are two residents on hospice; two residents on oxygen, and no residents who are
10	bedridden residing in the facility.
11	A tour of the physical environment and accommodations were assessed, and the following was noted:
12	LPA observed the required posting of the complaint poster and Resident's Rights. LPA inspected the
13	one-story facility for fire safety, personal accommodations, and food service.
14	The physical environment was checked for cleanliness and condition. Walls, windows, ceilings, doors,
15	floors, and floor coverings were checked. The facility was seen to be in good repair inside and outside.
16	Three fire extinguishers were inspected on 2/2/2026. The carbon monoxide alarm and smoke alarms
17	are hard-wired and in good working order. Additionally, the facility has one fire pull alarm.
18	The kitchen area was sufficiently stocked with two-day perishables and seven days of non-perishables.
19	Snacks and beverages are readily available. Frozen foods are properly wrapped and stored
20	appropriately. LPA observed the kitchen cabinets, refrigerator, stove, and counters are clean.
21	
22	Please continue to 809-C.
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley
NAME OF LICENSING PROGRAM ANALYST: Kristin Kontilis

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/10/2026

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: CASA SALISBURY

FACILITY NUMBER: 425850018

VISIT DATE: 06/10/2026

NARRATIVE	
1	Medications, First Aid kits, and additional first aid supplies are kept in a locked centrally stored cabinet.
2	First aid kits were observed to be complete.
3	Residents participate independently in music entertainment, games, physical movement, gardening, and
4	outings to parks, restaurants, religious activities, and other local attractions.
5	The front yard consists of a walkway, sitting area, and a lawn and garden area. The backyard consists of
6	a large, stamped concrete "flagstone" style surface with sitting areas with tables, chairs, and umbrellas.
7	A retaining wall surrounds the backyard that encloses plants and trees. The backyard is conducive to
8	exercise activities and visitations with family and friends. There are no bodies of water. The recycling
9	bin, green waste bin, and trash bins are standard bins with flip lids. A locked garage is located on the
10	north side of the home used for storing personnel records, residents' records, medical supplies, washing
11	machine, dryer, cleaning supplies, and office supplies. The garage is inaccessible to residents in care.
12	The kitchen, living room, and dining area are neat and clean. The facility maintains a comfortable
13	temperature.
14	There are six private bedrooms. Bedrooms #1-5 have private bathrooms. Bedroom 6 has a shared
15	bathroom off the hallway. The bathrooms have secure grab bars and no skid flooring.
16	Each bedroom has a bed, nightstand, lights and nightstand lamps to provide sufficient lighting as well as
17	access into the backyard area. Administrator certificates are valid.
18	
19	Exit interview conducted. Technical violations issued. Copy of report issued at the time of the visit.
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley	
NAME OF LICENSING PROGRAM ANALYST: Kristin Kontilis	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/10/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/10/2026
---	-------------------------