

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 425850204  
Report Date: 04/21/2025  
Date Signed: 04/22/2025 08:40:55 AM

## Substantiated

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/11/2024** and conducted by Evaluator Kristin Kontilis

	<b>COMPLAINT CONTROL NUMBER: 29-AS-20240111092634</b>
--	---

<b>FACILITY NAME:</b> MISSION VILLA	<b>FACILITY NUMBER:</b> 425850204
<b>ADMINISTRATOR:</b> NEWQUIST, DANA	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 321 W MISSION STREET	<b>TELEPHONE:</b> (805) 898-2709
<b>CITY:</b> SANTA BARBARA	<b>STATE:</b> CA <b>ZIP CODE:</b> 93101
<b>CAPACITY:</b> 15	<b>CENSUS:</b> 12 <b>DATE:</b> 04/21/2025
<b>MET WITH:</b> Emily Gerr, Administrator	<b>UNANNOUNCED TIME BEGAN:</b> 01:15 PM
	<b>TIME COMPLETED:</b> 04:00 PM

**ALLEGATION(S):**

1	Facility increased resident's rate without proper notice.
2	
3	
4	
5	
6	
7	
8	
9	

**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Kristin Kontilis conducted a subsequent complaint visit to issue final
2	findings on this investigation. LPA met with Emily Gerr, Administrator and explained the purpose of the
3	visit. During the investigation, LPA conducted an initial visit on 1/17/2024 from 10:00 am to 4:00 pm,
4	where LPA interviewed staff and residents and requested documents; LPA also conducted additional
5	interviews by phone with relevant parties including responsible parties and witnesses.
6	On the allegation: Facility increased resident's rate without proper notice. It was alleged the administrator
7	increased Resident 1's (R1's) rent by \$1,000 without proper notice. R1's responsible party indicated
8	when R1 moved in, they did not receive a copy of the admission agreement they signed despite asking
9	for a copy for months. Per the verbal agreement when R1 moved in, R1's total rent was \$7,000, and
10	incontinence supplies would be provided through hospice. After providing the initial \$7,000, the licensee
11	then asked for a "preadmission" fee of \$3,000 that was not verbally disclosed initially, nor through writing
12	since the responsible party had not received a copy of the admission agreement. Despite this, the
13	responsible party paid the fee.
	Please continue to 9099-C, Pg 2.

**Substantiated**

**Estimated Days of Completion:**

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

**DATE:** 04/21/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 04/21/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

Page: 1 of 5

**Control Number** 29-AS-20240111092634

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

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** MISSION VILLA

**FACILITY NUMBER:** 425850204

**VISIT DATE:** 04/21/2025

### NARRATIVE

1 In December 2023, the licensee emailed R1's responsible party to notify them the rent would be  
2 increased from \$7,000 to \$8,000 per month, due to a higher level of care needed. However, R1 had not  
3 had any increase in the higher level of care since moving into the facility, and no reappraisal was  
4 completed. R1's responsible party also noted despite asking for a copy of the admission agreement for  
5 months, they had not received a copy. R1's responsible party continued to pay \$7,000 for the care, and  
6 the licensee attempted to have the responsible party sign a new admission agreement for \$8,000.  
7 Administrator stated R1 increased from a Level 4 to Level 5 care plan, and believed the increase was  
8 valid. Credible witness interviewed confirmed R1 had no change in care needs since moving into the  
9 facility. Another responsible party confirmed they received an increase notice on March 22, with an  
10 effective date of May 15, which was not a full 60 days' notice.  
11 It was also alleged the licensee was charging R1 \$350 per month for incontinence supplies, even  
12 though hospice was providing them. R1's POA confirmed R1 was being charged \$350 from the facility  
13 directly for incontinence supplies, even though the incontinence supplies were being provided through  
14 insurance and hospice. Responsible party stated administrator said they put the hospice incontinence  
15 supplies "in the supply closet as back up." Interviews confirmed the briefs were all comingled in the  
16 supply closet, and staff used them for any resident. In addition, R1's POA stated the administrator asked  
17 for the \$350 to be paid in advance.  
18 After R1's responsible party discussed the issue with the licensee in January 2024, they agreed to  
19 remove the \$350 charge. However, the licensee sent a letter on 1/2/2024 indicating there was a balance  
20 owed on R1's account and they were serving an eviction notice due to nonpayment. R1's responsible  
21 party refused to pay the additional cost. The administrator later sent a text stating they did not need to  
22 pay the \$1,000. The fact remains R1 and their responsible party were not given proper notice of the rate  
23 increase. Based on the information obtained, the allegation is deemed Substantiated at this time.  
24  
25 Pursuant to Title 22 Division 6 Chapter 8 of the CA Code of Regulations, the following deficiency was  
26 cited (refer to LIC 9099-D):  
27  
28 Exit interview conducted. Copy of report and Appeal Rights issued at the time of the visit.  
29  
30  
31  
32

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

**DATE:** 04/21/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 04/21/2025

LIC9099 (FAS) - (06/04)

Page: 2 of 5

**Control Number** 29-AS-20240111092634

**COMPLAINT INVESTIGATION REPORT  
 (Cont)**

**FACILITY NAME:** MISSION VILLA

**FACILITY NUMBER:** 425850204

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 04/21/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 04/25/2025 Section Cited HSC 1569.657(a)	1 1569.657(a) For any rate increase due 2 to a change in the level of care of the 3 resident, the licensee shall provide the 4 resident and the resident's 5 representative...written notice of the 6 rate increase within two business days 7 after initially providing services at the new level of care. The notice shall include a detailed explanation of the additional services to be provided at the new level of care and an accompanying itemization of the charges.	1 Licensee/Administrator agrees to 2 submit a signed statement of 3 understanding of 1569.657 and 87507, 4 pertaining to admission agreements 5 and rate increases. 6 7
	8 This requirement was not met as 9 evidenced by: Based on interview and 10 record review, the licensee did not 11 comply with the section when they 12 increased R1's rate without justification, 13 which posed a potential health, safety 14 and personal rights risk 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
	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.

**NAME OF LICENSING PROGRAM MANAGER:** Kelly Burley  
**NAME OF LICENSING PROGRAM ANALYST:** Kristin Kontilis  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_  
**DATE:** 04/21/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 04/21/2025

**COMPLAINT INVESTIGATION REPORT**

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/11/2024** and conducted by Evaluator Kristin Kontilis

FACILITY NAME: MISSION VILLA

FACILITY NUMBER: 425850204

ADMINISTRATOR: NEWQUIST, DANA

FACILITY TYPE: 740

ADDRESS: 321 W MISSION STREET

TELEPHONE: (805) 898-2709

CITY: SANTA BARBARA

STATE: CA

ZIP CODE: 93101

CAPACITY: 15

CENSUS: 12

DATE: 04/21/2025

MET WITH: Emily Gerr, Administrator

UNANNOUNCED TIME BEGAN: 01:15 PM

TIME COMPLETED: 04:00 PM

ALLEGATION(S):

- 1 Facility is not following admission agreement.
- 2 Insufficient staffing to meet resident's needs.
- 3 Facility is not kept at a comfortable temperature for residents.
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

1 Licensing Program Analyst (LPA) Kristin Kontilis conducted a subsequent complaint visit to issue final  
 2 findings on this investigation. LPA met with Emily Gerr, Administrator and explained the purpose of the  
 3 visit. During the investigation, LPA conducted an initial visit on 1/17/2024 from 10:00 am to 4:00 pm,  
 4 where LPA interviewed staff and residents and requested documents; LPA also conducted additional  
 5 interviews by phone with relevant parties including responsible parties and witnesses.  
 6 On the allegation: Facility is not following admission agreement. It was alleged the administrator was  
 7 requiring Resident 2 (R2) and Resident 3 (R3) to pay their rent early.  
 8 One responsible party interviewed confirmed the licensee Lisa Gerr and administrator Emily Gerr had  
 9 sent numerous requests via email and text, asking that the rent be paid early and upfront for multiple  
 10 months at one time. R2's responsible party indicated they were not asked to pay the rent early. R3's  
 11 responsible party stated the licensee asked for payment three months in advance in exchange for a 10%  
 12 discount, which they accepted. Although the allegation may have happened or is valid, there is not a  
 13 preponderance of evidence  
 Please continue to 9099-C, Pg 2.

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
------------------------	--------------------------------------

**NAME OF LICENSING PROGRAM MANAGER:** Kelly Burley  
**NAME OF LICENSING PROGRAM ANALYST:** Kristin Kontilis  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_ **DATE:** 04/21/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 04/21/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.  
 LIC9099 (FAS) - (06/04) Page: 4 of 5

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
--	--

**FACILITY NAME:** MISSION VILLA **FACILITY NUMBER:** 425850204  
**VISIT DATE:** 04/21/2025

**NARRATIVE**

1 to prove the alleged violation did or did not occur, therefore the allegation is Unsubstantiated at this time.  
 2 The licensee is reminded of their responsibility to follow admission agreements.  
 3 **On the allegation: Insufficient staffing to meet resident's needs.** It was alleged that staff were not  
 4 showing up to their shift due to the administrator not paying staff.  
 5 Interviews revealed multiple staff's hours were cut and their days of work decreased. Additionally, when

6 staff went to pick up their paycheck it was not available. It was also stated the licensee would hold the  
7 checks in their possession and tell staff they needed to do additional work to receive the check. Other  
8 times staff had to follow the licensee to the bank, and the licensee handed them cash. Interviews  
9 revealed staff sometimes worked double shifts to cover staffing, otherwise the administrator or their  
10 partner would come in to cover the shift. Interviews revealed more staff at night would be beneficial, but  
11 there was insufficient evidence to prove any residents' needs were not met as a result. Although the  
12 allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged  
13 violation did or did not occur, therefore the allegation is Unsubstantiated at this time. The licensee is  
14 reminded of their responsibility to ensure sufficient staffing at all times.

15 **On the allegation: Facility is not kept at a comfortable temperature for residents.** It was alleged  
16 residents at the facility complained of being cold. One resident's visitor stated when they visit a resident,  
17 the resident complains about being cold. The visitor has requested numerous times that the heat be  
18 turned on. The visitor stated one resident's hands were observed to be purple, and another resident  
19 woke up and stated it was always cold in there. Interviews revealed the bathrooms can be cold because  
20 they have no heating, so the hot water needs to be run for a while to warm up the bathroom. Some  
21 persons interviewed believe the common area can be cold for residents if the air conditioning is blowing  
22 directly on them, while others interviewed stated the temperature in the facility was comfortable.  
23 Administrator stated some residents are always cold, so they provide them blankets. Although the  
24 allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged  
25 violation did or did not occur, therefore the allegation is Unsubstantiated at this time. The licensee is  
26 reminded of their responsibility to provide residents a comfortable temperature.

27  
28 Exit interview conducted. Copy of report issued at the time of the visit.  
29  
30  
31  
32

**NAME OF LICENSING PROGRAM MANAGER:** Kelly Burley

**NAME OF LICENSING PROGRAM ANALYST:** Kristin Kontilis

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 04/21/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 04/21/2025