

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 425850204

Report Date: 02/04/2026

Date Signed: 02/04/2026 12:42:11 PM

### Unsubstantiated

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 **10/21/2025** and conducted by Evaluator Kristin Kontilis

	<b>COMPLAINT CONTROL NUMBER: 29-AS-20251021125447</b>
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<b>FACILITY NAME:</b> MISSION VILLA	<b>FACILITY NUMBER:</b> 425850204
<b>ADMINISTRATOR:</b> EMILY A. GERR	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 321 W MISSION STREET	<b>TELEPHONE:</b> (805) 898-2709
<b>CITY:</b> SANTA BARBARA	<b>ZIP CODE:</b> 93101
<b>CAPACITY:</b> 15	<b>DATE:</b> 02/04/2026
<b>MET WITH:</b> Emily Gerr, Administrator	<b>UNANNOUNCED TIME BEGAN:</b> 11:00 AM
	<b>TIME COMPLETED:</b> 01:00 PM

#### ALLEGATION(S):

1	Licensee financially abused a resident in care.
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#### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kristin Kontilis conducted a subsequent complaint visit to issue final
2	findings on the above-stated allegation. LPA met with Administrator Emily Gerr and explained the
3	purpose of the visit. On 10/28/2025 from 10:23 am to 3:40 pm, LPA Kontilis conducted an initial complaint
4	visit to obtain documents and conduct interviews.
5	On the allegation: Licensee financially abused a resident in care: It was alleged the licensee financially
6	abused Resident 1 (R1), by removing money from their account and safety deposit box. LPA interviewed
7	the reporting party, who stated the licensee had a preexisting friendship with R1 and the licensee
8	became R1's Power of Attorney (POA) in August 2023.
9	During today's visit, Administrator confirmed the Licensee had a preexisting friendship with R1 and
10	became their POA for medical and financial. Administrator confirmed Licensee helped care for R1 for
11	approximately
12	
13	Please continue to 9099-C, Pg 2.

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Kelly Burley  
**LICENSING EVALUATOR NAME:** Kristin Kontilis  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/04/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/04/2026

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

LIC9099 (FAS) - (06/04)

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**Control Number** 29-AS-20251021125447

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:** 02/04/2026

### NARRATIVE

1 two years while R1 resided in a skilled nursing facility, and R1's health declined. Records reviewed and  
2 interviews conducted revealed R1 moved into the facility in the evening of 3/16/2025, and R1 passed  
3 away in the early morning of 3/17/2025. Based on the information obtained during the investigation, the  
4 allegation is Unsubstantiated at this time.

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6 Exit interview conducted. Copy of report issued at the time of the visit.  
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**SUPERVISORS NAME:** Kelly Burley  
**LICENSING EVALUATOR NAME:** Kristin Kontilis  
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**DATE:** 02/04/2026

LIC9099 (FAS) - (06/04)

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