

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 425850241
Report Date: 05/06/2026
Date Signed: 05/06/2026 04:11:05 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 04/27/2026 and conducted by Evaluator Kristin Kontilis

	COMPLAINT CONTROL NUMBER: 29-AS-20260427163728
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FACILITY NAME:	VILLA SANTA BARBARA	FACILITY NUMBER:	425850241
ADMINISTRATOR:	ROBERT GLOCK	FACILITY TYPE:	740
ADDRESS:	227 E. ANAPAMU STREET	TELEPHONE:	(805) 963-4428
CITY:	SANTA BARBARA	ZIP CODE:	93101
CAPACITY:	126	DATE:	05/06/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	09:34 AM
	CENSUS: 92	TIME	03:10 PM
MET WITH:	Robert Glock, Administrator	COMPLETED:	

ALLEGATION(S):

1	Staff did not assist resident with obtaining care in a timely manner.
2	Staff did not observe resident for a change in condition.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kristin Kontilis conducted an unannounced subsequent complaint visit
2	to deliver final findings for the above-stated allegations. During today's visit, LPA met with Administrator
3	Robert Glock and explained the purpose of the visit. LPA Kontilis conducted the initial visit on 5/5/2026
4	from approximately 11:30 am – 5:15 pm at which time LPA conducted interviews and obtained
5	documents pertaining to the investigation. During today's visit, Long Term Care Ombudsman Diane See
6	participated in the investigation.
7	On the allegation, Staff did not assist resident with obtaining care in a timely manner: Reporting Party
8	voiced concern that facility staff did not observe Resident 1's (R1's) change in condition when R1
9	developed a Urinary Tract Infection (UTI) and was not provided timely medical attention. Based on
10	interviews conducted and records reviewed, R1 was found on the floor by R1's visitor who alerted facility
11	staff at which time, facility staff assisted R1 and called 9-1-1 for assistance. R1 was transferred to the
12	local hospital and administered care therein. Interviews conducted revealed R1 stated they did not want
13	to go to the hospital however,
	Please continue to 9099-C, Pg 2.

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Kelly Burley	
LICENSING EVALUATOR NAME: Kristin Kontilis	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/06/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/06/2026

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 2
Control Number 29-AS-20260427163728

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: VILLA SANTA BARBARA	FACILITY NUMBER: 425850241
	VISIT DATE: 05/06/2026

NARRATIVE	
1	facility staff insisted calling 9-1-1 is the proper protocol to ensure residents are provided timely medical
2	attention. Interviews conducted and records reviewed revealed the facility failed to report R1's transport
3	to the hospital via the 9-1-1 call and will be addressed in a separate report. Based on interviews
4	conducted and records reviewed, the allegation that Staff did not assist resident with obtaining care in a
5	timely manner is Unsubstantiated at this time.
6	On the allegation, Staff did not observe resident for a change in condition: Reporting Party voiced
7	concern that staff did not recognize a change in condition when Resident 1 (R1) developed a Urinary
8	Tract Infection (UTI). Interviews conducted and records reviewed revealed R1 understands and
9	maintains their medical conditions with assistance from family and personal advocates as well being
10	responsible for their own medical decisions. Interviews conducted and records reviewed revealed R1
11	has personally contacted their Medical Doctor (MD) when medical issues arise. Interviews conducted
12	and records reviewed revealed R1 contacted their MD when R1 developed a UTI and R1's MD
13	prescribed medications for treatment. Based on record review and interviews conducted, the allegation
14	Staff did not observe resident for a change in condition is Unsubstantiated at this time.
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16	Exit interview conducted. No deficiencies noted. Copy of report issued at the time of the visit.
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SUPERVISORS NAME: Kelly Burley	
LICENSING EVALUATOR NAME: Kristin Kontilis	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/06/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/06/2026