

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 425850241
Report Date: 09/20/2023
Date Signed: 09/20/2023 04:56:43 PM

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/18/2023** and conducted by Evaluator Kristin Kontilis

	COMPLAINT CONTROL NUMBER: 29-AS-20230918112215
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FACILITY NAME: GARDEN COURT AT VILLA SANTA BARBARA	FACILITY NUMBER: 425850241
ADMINISTRATOR: RICK OLDS	FACILITY TYPE: 740
ADDRESS: 227 E. ANAPAMU STREET	TELEPHONE: (805) 963-4428
CITY: SANTA BARBARA	STATE: CA ZIP CODE: 93101
CAPACITY: 126	CENSUS: 84 DATE: 09/20/2023
MET WITH: Rick Olds, Administrator	UNANNOUNCED TIME BEGAN: 02:45 PM
	TIME COMPLETED: 05:00 PM

ALLEGATION(S):

1	Staff do not answer resident's call button in a timely manner.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kristin Kontilis conducted a subsequent complaint visit to the facility.
2	LPA met with Administrator Mark Cortes and explained the purpose of the visit.
3	On the allegation, Staff do not answer resident's call button in a timely manner: It was alleged that staff
4	does not respond when R1's care pendant has been pressed and R1 has had to wait 30-45 minutes
5	before staff responds to the calls. R1 is non-ambulatory and requires assistance with toileting and brief
6	changes. R1's call pendant history revealed between 9/13/2023 and 9/17/2023, there were eight (8)
7	occurrences when R1's call pendant was pressed. Out of the eight call pendant requests, four calls were
8	made between 6:00 am and 12:00 pm and two calls were made between 6:00 pm and 12:00 am. The
9	eight call requests were responded to within 10-29 minutes.
10	Staff 1 (S1) stated sometimes the call response button does not clear the resident's pendant.
11	Administrator stated that on occasion, a caregiver responds to the call but the caregiver may be unable
12	to clear
13	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: 09/20/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/20/2023

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-20230918112215

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: GARDEN COURT AT VILLA SANTA BARBARA

FACILITY NUMBER: 425850241

VISIT DATE: 09/20/2023

NARRATIVE

1 the call or re-set the resident's pendant to indicate the call is complete. Administrator stated his goal for
2 the community is to get call pendants requests responded to within 3-5 minutes.
3 During the course of an interview, LPA requested a resident's call pendant be pressed at 2:53 pm. At
4 3:07 pm, LPA requested the visitor to press the call pendant a second time. At 3:14 pm, the call was
5 responded to by Staff 2 (S2).
6 Based upon interviews conducted, records reviewed, and observation, the allegation that staff do not
7 answer resident's call pendant in a timely manner is Substantiated at this time.
8
9 The following deficiency was observed (See LIC 9099-D) and cited from the California Code of
10 Regulations, Title 22 and/or California Health and Safety Code. Failure to correct the deficiency may
11 result in additional civil penalties.
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13 Exit interview conducted. Deficiency issued. Copy of report and Appeal Rights issued at the time of the
14 visit.
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NAME OF LICENSING PROGRAM MANAGER: Kelly Burley
NAME OF LICENSING PROGRAM ANALYST: Kristin Kontilis
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/20/2023

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/20/2023

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
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FACILITY NAME: GARDEN COURT AT VILLA SANTA BARBARA
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 425850241
VISIT DATE: 09/20/2023

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/21/2023 Section Cited CCR 87468.	1 87468.2(a)(4) ...Residents...have all of 2 the following personal rights: To care, 3 supervision, and services that meet 4 their individual needs and are delivered 5 by staff that are sufficient in numbers, 6 qualifications, and competency to meet 7 their needs. This requirement is not met as evidenced by:	1 Administrator agrees to re-evaluate 2 care response system that is conducive 3 to residents' needs and room location in 4 order to decrease call response time. 5 6 7
	8 Based on interviews conducted, record 9 review and observation, the licensee 10 did not comply with the above cited 11 section, as the licensee did not ensure 12 resident's call buttons were responded 13 to timely which posed an immediate 14 health and safety risk to residents in care.	
	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: 09/20/2023
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 09/20/2023