

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 425850264
Report Date: 06/29/2026
Date Signed: 06/29/2026 05:50:31 PM

Document Has Been Signed on 06/29/2026 05:50 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:	DIVINE CARE FOR THE ELDERLY	FACILITY NUMBER:	425850264
ADMINISTRATOR/JOSE, MARINO		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	4866 FRANCES STREET	TELEPHONE:	(805) 967-5237
CITY:	SANTA BARBARA	STATE: CA	ZIP CODE: 93111
CAPACITY: 6		CENSUS: 6	DATE: 06/29/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	11:50 AM
		BEGAN:	
MET WITH:	Mark Jose	TIME VISIT/INSPECTION	06:00 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Kristin Kontilis conducted an unannounced Annual Required visit and
2	inspection of the facility. Upon arrival, LPA was greeted by Administrator Marino "Mark" Jose. LPA
3	explained the purpose of the visit. At the time of arrival, there were six (6) residents present and two (2)
4	caregivers on duty. Administrator and Co-Administrator were present at the time of LPA's arrival.
5	
6	Entrance interview conducted:
7	
8	The facility is a one-story Residential Care Facility for the Elderly (RCFE). The facility accepts residents
9	with a dementia diagnosis; has a waiver for four hospice residents; and a fire clearance for six non-
10	ambulatory residents. Currently, there is one resident on hospice.
11	A tour of the physical environment was conducted. The front entry is a paved driveway leading to the
12	front entrance with an outdoor sitting area conducive for outdoor visitation. The entry way leads into the
13	living room, dining room, and kitchen. The backyard consists of a patio area, paved walkways, trees,
14	planted garden areas and sitting areas conducive for outdoor visitation.
15	The kitchen is open style with a service counter for food preparation and cabinets surrounding the
16	kitchen area. There is a refrigerator, a microwave, a toaster, a toaster oven, blender, an oven, and a
17	stove. There is an ample amount of cabinets for food and appliance storage. Behind the dining area is
18	an enclosed patio utilized as an office.
19	Medications are kept in a locked cabinet located in the dining area. It contains a first aid kit and
20	medications for residents, residents' records and personnel documents. The medications and
21	documents are inaccessible to residents in care.
22	
23	Please continue to 809-C, Pg 2.
24	
25	

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

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/29/2026

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: DIVINE CARE FOR THE ELDERLY

FACILITY NUMBER: 425850264

VISIT DATE: 06/29/2026

NARRATIVE	
1	There are six bedrooms and three bathrooms available to residents. Bedrooms #1, 4, and 6 are private
2	bedrooms with exits to the front yard or backyard. Bedroom #3 is a shared room with an exit to the
3	backyard. Bedroom 3 has a private bathroom. Bedroom #2 is allocated for staff only with no access by
4	residents. There are two bathrooms located off the hallways with access for all residents in care.
5	The laundry area is located in a locked closet located in the hallway near Bedrooms 5 and 6. Detergents
6	and cleaning agents are kept in the laundry closet and are inaccessible to residents in care.
7	Residents participate at will in activities such as music therapy, dog therapy, walks around the
8	neighborhood, excursions to places of worship, local beaches, parks, eateries, and retail
9	establishments.
10	There is one fire extinguisher located at the front door of the facility. The fire extinguisher was serviced
11	on 6/2/2026. There are nine (9) dual carbon monoxide/smoke alarms located throughout the facility. The
12	carbon monoxide detector/smoke alarms are in good working order.
13	LPA observed the required posting of the complaint poster and Resident's Rights. LPA inspected the
14	facility for fire safety, personal accommodations, and food service.
15	The physical environment was checked for cleanliness and condition. Walls, windows, ceilings, doors,
16	floors and floor coverings are clean and in good repair.
17	Personnel records were reviewed for trainings, health screenings, and background clearances. All staff
18	have been properly associated to the facility.
19	Residents' records were reviewed for health screenings, medication administration, Physician's orders,
20	Appraisals, and Re-appraisals.
21	Review of medications and medication inventory revealed an unexplainable over-count of medications
22	prescribed to Resident 1 (R1), Resident 2 (R2), and Resident 3 (R3).
23	
24	The following deficiencies were observed (See LIC 809-D) and cited from the California Code of
25	Regulations, Title 22 and California Health and Safety Code.
26	
27	Exit interview conducted. A copy of the report and appeal rights issued at the time of the visit.
28	
29	
30	
31	
32	

NAME OF LICENSING PROGRAM MANAGER: Kelly Burley	
NAME OF LICENSING PROGRAM ANALYST: Kristin Kontilis	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/29/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/29/2026

Document Has Been Signed on 06/29/2026 05:50 PM - It Cannot Be Edited

FACILITY EVALUATION REPORT (Cont)CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
, 21731 VENTURA BLVD. #250
WOODLAND HILLS, CA 91364**FACILITY NAME:** DIVINE CARE FOR THE ELDERLY**FACILITY NUMBER:** 425850264**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 06/29/2026**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87465(c)(2)	
--	--------	---------------	-----	-------------	--

87465(c)(2) Incidental and Medical Care:Once ordered by the physician the medication is given according to the physician's directions.

This requirement has not been met as evidenced by:

Deficient Practice Statement

1 Based on observation and record review, the licensee did not comply with the section cited above when
2 an unexplainable overcount of medications was observed for three residents which poses an immediate
3 health and safety risk to residents in care.
4

POC Due Date: 06/30/2026**Plan of Correction**

1 Administrator agrees to submit a written statement to include plan in place in adhering to CCR 87465 in
2 its entirety. Administrator agrees to submit written statement to LPA via email no later than 6/30/2026.
3
4

		Section Cited			
--	--	---------------	--	--	--

Deficient Practice Statement

1
2
3
4

POC Due Date:**Plan of Correction**

1
2
3
4

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** Kelly Burley**MANAGER:****NAME OF LICENSING PROGRAM** Kristin Kontilis**ANALYST:****LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 06/29/2026**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 06/29/2026