

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 197607372  
Report Date: 04/30/2025  
Date Signed: 04/30/2025 02:27:57 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 **09/23/2024** and conducted by Evaluator Zabel Chochian

	<b>COMPLAINT CONTROL NUMBER: 29-AS-20240923155324</b>
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<b>FACILITY NAME:</b> OAKVIEW	<b>FACILITY NUMBER:</b> 197607372
<b>ADMINISTRATOR:</b> JEANNETTE RUGGIERO	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 3557 CAMPUS DR.	<b>TELEPHONE:</b> (805) 241-2000
<b>CITY:</b> THOUSAND OAKS	<b>STATE:</b> CA <b>ZIP CODE:</b> 91360
<b>CAPACITY:</b> 63	<b>CENSUS:</b> 52 <b>DATE:</b> 04/30/2025
<b>MET WITH:</b> James MacKay, Administrator Assistant	<b>UNANNOUNCED TIME BEGAN:</b> 10:45 AM
	<b>TIME COMPLETED:</b> 11:30 AM

#### ALLEGATION(S):

1	Facility staff mismanaged residents medication
2	Licensee does not have enough staff to meet the needs of residents in care
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#### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Zabel Chochian conducted a subsequent complaint visit to the facility.
2	The purpose of the visit is to deliver investigation finding. Upon arrival LPA met with James Mackay and explained the reason for the visit. Entrance interview conducted.
3	
4	
5	On 09/23/2024, Community Care Licensing Division received the above complaint allegations. It was reported that resident #1 (R1) was in sever pain on the weekend of 09/21/2024 and was not administer Morphine. It was also reported that the facility staff admit to missing the medication delivery and noted that they didn't have the staffing. No additional information was provided by the reporting party to support allegations made. Email notification was sent to the reporting party however no return response was received.
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12	Following is a summary of the investigation finding: On 10/01/2024, from approximately 3:15pm-4pm,
13	LPA reviewed resident #1's (R1) records which included R1's Centrally Stored Medication and Destruction records; MARs, Controlled Drug Record and Controlled Substance Inventory form. (Continue to LIC9099c.)

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Desaree Perera  
**NAME OF LICENSING PROGRAM ANALYST:** Zabel Chochian  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 04/30/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 04/30/2025

**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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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:** OAKVIEW

**FACILITY NUMBER:** 197607372

**VISIT DATE:** 04/30/2025

### NARRATIVE

1 LPA also interviewed staff and reviewed staffing schedules. Furthermore, during an annual inspection on  
2 03/26/2025 randomly selected residents were interviewed regarding staffing and medication services.  
3  
4 Regarding allegation "Facility staff mismanaged resident's medication": Interview with staff and records  
5 review revealed that Resident 1 (R1) lived at the facility until they passed away on 09/23/2024; R1 had a  
6 prescription for Morphine Sulfate 15mg and 20mg (tablets); records noted last fill date of morphine  
7 medication was on 09/21/2024 (20mg-tablets-as needed 3x a day). Medication Administration Records  
8 (MAR) indicated that on 09/21/2024, R1 received Morphine, which was prescribed by a physician solely  
9 for pain and comfort. Interviews with staff indicated that they did not have a problem filling R1's  
10 medications on time. Staff denied the allegations. Records reviewed indicated morphine medication was  
11 provided according to physician and hospice instructions. Further interviews with the medication  
12 technicians and facility LVN confirmed that all controlled drugs are stored separately, recorded and  
13 inventoried at every shift. According to staff they never ran out of R1's morphine. Interview with staff and  
14 records reviewed indicated that morphine was administered to R1 by a hospice and facility nurse  
15 following physician and hospice instructions. Controlled Substance Inventory form indicated facility had  
16 a supply of morphine for R1 until they passed on 09/23/2024. Based on the information obtained during  
17 the investigation, the Department does not have sufficient evidence to corroborate the allegation.  
18 Although the allegation may be valid, there is insufficient evidence to support the allegation. Therefore,  
19 the allegation "Facility staff mismanaged residents medication" is deemed unsubstantiated at this time.  
20  
21 Regarding allegation "Licensee does not have enough staff to meet the needs of residents in care":  
22 Interview with staff and facility records reviewed revealed facility staffing for the Assisted Living (AL) side  
23 with census of 35 residents, consist of three (3) caregivers; two (2) medtechs and Wellness nurse for  
24 both AM and PM shifts; NOC shift: one (1) caregiver and one (1) medtech; for the Memory Care unit  
25 with census of 15.  
26  
27 Additionally, Five randomly selected residents of the assisted living side were interviewed and all five  
28 expressed no issues or concern with facility managing medications and care service. LPA attempted to  
29 interview residents in the memory care unit however residents were unable to comprehend questions  
30 asked due to lack of capacity. Based on the above information gathered although the allegation may be  
31 valid, there is insufficient evidence to support the allegation or that a violation occurred; therefore, the  
32 above allegation "Licensee does not have enough staff to meet the needs of residents in care" is  
deemed unsubstantiated at this time. Exit interview conducted. A copy of the report provided.

**NAME OF LICENSING PROGRAM MANAGER:** Desaree Perera  
**NAME OF LICENSING PROGRAM ANALYST:** Zabel Chochian  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 04/30/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 04/30/2025