

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197607372

Report Date: 10/22/2025

Date Signed: 10/22/2025 02:06:39 PM

Unfounded

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 **10/15/2025** and conducted by Evaluator Zabel Chochian

	COMPLAINT CONTROL NUMBER: 29-AS-20251015162546
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FACILITY NAME: OAKVIEW	FACILITY NUMBER: 197607372
ADMINISTRATOR: JEANNETTE RUGGIERO	FACILITY TYPE: 740
ADDRESS: 3557 CAMPUS DR.	TELEPHONE: (805) 241-2000
CITY: THOUSAND OAKS	ZIP CODE: 91360
CAPACITY: 63	DATE: 10/22/2025
MET WITH: James Mackay, Executive Director	UNANNOUNCED TIME BEGAN: 12:15 PM
	TIME COMPLETED: 01:45 PM

ALLEGATION(S):

1	Resident sustained unexplained injuries while in Care
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Zabel Chochian arrived at the facility to initiate complaint investigation
2	for the above allegation. Upon arrival LPA met with staff and shortly after with the Executive Director (ED)
3	James Mackay. Reason for the visit was explained.
4	On 10/15/2025 the Department received a complaint regarding the following allegation: Resident
5	sustained unexplained injuries while in care. To investigate this complaint, LPA obtained pertinent
6	documents relevant to the investigation and interviewed the ED at approximately 12:45pm. Interview with
7	the ED and documentation received revealed that the individual identified in the complaint report did not
8	reside at this facility which is licensed by Community Care Licensing Division (CCLD). However, it was
9	confirmed through record review that the individual resides at the Oakview Skilled Nursing Facility which
10	is on the same property and is licensed by a different regulatory agency of which CCLD has no
11	jurisdiction over. The complaint will be appropriately cross-reported. Based on the information obtained,
12	the allegation is deemed UNFOUNDED at this time. A finding of unfounded means that the allegation is
13	either false, could not have happened, and/or is without a reasonable basis. Exit interview conducted. A copy of the report was provided.

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Desaree Perera
LICENSING EVALUATOR NAME: Zabel Chochian
LICENSING EVALUATOR SIGNATURE:

DATE: 10/22/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/22/2025

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