

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610183
Report Date: 09/17/2021
Date Signed: 09/17/2021 03:01:30 PM

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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., STE. 250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME: OAKMONT OF VALENCIA	FACILITY NUMBER: 197610183
ADMINISTRATOR: FUNDERBERG, STEPHANIE	FACILITY TYPE: 740
ADDRESS: 24070 COPPER HILL DRIVE	TELEPHONE: (661) 568-6080
CITY: VALENCIA	STATE: CA
CAPACITY: 144	ZIP CODE: 91354
TYPE OF VISIT: Prelicensing	CENSUS: DATE: 09/17/2021
MET WITH: Stephanie Funderberg	UNANNOUNCED TIME BEGAN: 10:30 AM
	TIME COMPLETED: 03:30 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Angelica Arambulo conducted an unannounced required Pre licensing
2 visit. The facility has put in a change in corporation. The administrator Stephanie Funderberg was
3 informed about the reason for the visit.
4
5 LPA requested a copy of the register of residents and staff schedule. A physical plant tour was
6 conducted with the in house nurse Susan Ralph. The following was observed.
7
8 The facility is a large 2 story building which accommodates 144 residents. There are two memory care
9 units which they call the Traditions. In the main entrance of the building there is a cafe that is a self
10 serving refreshment and snack area with seating. The main living room has seating and a grand piano
11 for entertainment. There is a reading room and private dining area for family or visitors to use.
12
13 The bathrooms were checked for the residents private room and the public area of the facility. Signs for
14 hand washing, hand sanitizer, soap, toilet paper and paper towels. The water temperature was
15 measured at 107.7. There are additional rooms for residents use as leisure such as Library, salon, gym
16 and recreation room. The 3 courtyard areas are well manicured and has outdoor seating and shade for
17 residents and visitors.
18
19 Resident room was observed to be clean and sanitary. A fire inspection is conducted every year on the
20 operation of the sprinkler system, electrical panels, water heaters, fire extinguishers, manual pull alarms
21 lock at PVI, carbon monoxide detector and smoke detector. Copy of the inspection report was given to
22 LPA.
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Eva Miller
NAME OF LICENSING PROGRAM ANALYST: Angelica Arambulo

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/17/2021

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

DATE: 09/17/2021

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 21731 VENTURA BLVD.,
STE. 250
WOODLAND HILLS, CA 91364**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** OAKMONT OF VALENCIA**FACILITY NUMBER:** 197610183**VISIT DATE:** 09/17/2021**NARRATIVE**

- 1 LPA reviewed staff files and observed them missing employee rights, The administrator did require a
- 2 complete file folder at this location. She will notify the main office to send her copies of her document to
- 3 place in facility file.
- 4
- 5 The main kitchen that prepares all the meals for the facility is located on the first floor. Meals for the
- 6 Tradition wings are brought to their dining area in the Traditions unit. The kitchen is fully stocked with
- 7 perishable and non perishable foods. The kitchen work area surface appeared clean and no food items
- 8 are stocked with cleaning supplies. Food is restocked regularly at least 2 times a week. The residents
- 9 with special dietary needs are posted in the kitchen prep area with pictures of the resident and their food
- 10 choices or required preparation.
- 11
- 12 Due to the covid situation the residents may request to have their meals in their room as a precaution.
- 13 Currently there are no Covid positive in the facility and mask wearing for all staff is in place. It was
- 14 suggested that more hand sanitizers are placed in common areas. During the tour the LPA did observe
- 15 in T2 dining area had 4 residents at one table which was less than 6 ft apart.
- 16
- 17 The administrator was informed that any documentation that has the old facility number on it must be
- 18 updated to the new facility number once the license is approved. The LIC610 E on file that is posted is
- 19 the older version and a new one is being completed. Since the staff files may not have all required
- 20 documents each one shall be updated once licensed. The Administrator was informed that she did need
- 21 a complete file at the actual facility. She shall follow through with this by submitting a copy of her whole
- 22 file to LPA Arambulo.
- 23
- 24
- 25 Based the on the review of files and tour of the facility there are no health and safety hazards that would
- 26 prevent license approval.
- 27
- 28 Facility is in compliance with Title 22 Regulations at this time. This report will be forwarded to the
- 29 Centralized Application Bureau (CAB). You will be notified by the CAB Analyst when your license has
- 30 been approved.
- 31
- 32 Exit interview conducted and copy of this report issued.

NAME OF LICENSING PROGRAM MANAGER: Eva Miller**NAME OF LICENSING PROGRAM ANALYST:** Angelica Arambulo**LICENSING PROGRAM ANALYST SIGNATURE:**

DATE: 09/17/2021

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

DATE: 09/17/2021