

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610183
Report Date: 10/02/2025
Date Signed: 10/02/2025 03:24:28 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS S.RO, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
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FACILITY NAME:	OAKMONT OF VALENCIA	FACILITY NUMBER:	197610183
ADMINISTRATOR/DIRECTOR:	MYLA BELSON	FACILITY TYPE:	740
ADDRESS:	24070 COPPER HILL DRIVE	TELEPHONE:	(661) 568-6080
CITY:	VALENCIA	STATE:	CA
CAPACITY:	144	ZIP CODE:	91354
TYPE OF VISIT:	Case Management - Annual Continuation	CENSUS:	101
		DATE:	10/02/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	09:30 AM
MET WITH:	Myla Belson	TIME VISIT/INSPECTION COMPLETED:	03:30 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Tuesday Cabiness conducted a subsequent annual continuation visit.
2 LPA met with Executive Director Myla Belson and informed her the reason of the visit.
3
4 On 10/02/2025, during the annual audit inspection conducted from 9:30 a.m. to 3:30 p.m., (LPA)
5 continued the audit review of resident records, specifically auditing centrally stored medication records
6 and conducting a physical count of medications. LPA reviewed medication and records for 14 residents
7 out of 101.
8
9 The audit revealed discrepancies for 6 residents. Specifically, the initial dates of medication
10 administration did not align with the actual medication counts, resulting in off-count errors. In addition,
11 LPA observed leftover medications from prior monthly cycles, as well as multiple months of overstocked
12 medications that had not been destroyed or returned to the pharmacy as required.
13
14 These findings demonstrate a improper medication management, including inaccurate record keeping
15 and failure to dispose of or return unused medications, which poses potential health and safety risks to
16 residents.
17
18 Citation issued//appeal rights, exit interview and copy of report provided.
19
20
21
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24
25

NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST: Tuesday Cabiness

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 10/02/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 10/02/2025

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 III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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Created By: Tuesday Cabiness On 10/02/2025 at 02:31 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
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FACILITY NAME: OAKMONT OF VALENCIA

FACILITY NUMBER: 197610183

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 10/02/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Deficiency Dismissed	Type A	Section Cited	CCR	87465(c)(2)	
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(c) If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the: (2) Once ordered by the physician the medication is given according to the physician's directions

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation and medication record review, the licensee did not comply with the section cited above in [14] out of [101] medication record review, (6) records showed the initial dates of medication administration did not align with the actual medication counts, resulting in off-count errors, which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 10/03/2025
	Plan of Correction
1	ED will send the updated medication checklist and training documents for recent medication training.
2	
3	
4	

		Section Cited			
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	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 MANAGER:	Naira Margaryan
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NAME OF LICENSING PROGRAM

Tuesday Cabiness

ANALYST:

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/02/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/02/2025