

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610184

Report Date: 02/12/2026

Date Signed: 02/12/2026 12:03:12 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
FACILITY EVALUATION REPORT	

FACILITY NAME:	OAKMONT OF SANTA CLARITA	FACILITY NUMBER:	197610184
ADMINISTRATOR/PARK, TOM		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(661) 295-2025
ADDRESS:	28650 NEWHALL RANCH ROAD	ZIP CODE:	91355
CITY:	SANTA CLARITA	STATE: CA	
CAPACITY:	121	CENSUS: 97	DATE: 02/12/2026
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED TIME VISIT/INSPECTION	10:30 AM
MET WITH:	Tom Park, Executive Director	BEGAN: TIME VISIT/INSPECTION	12:10 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analyst (LPA) Abeye Duguma conducted an unannounced
2 Case Management visit regarding a recent incident report submitted 02/09/2026.
3
4 The Serious Incident Report (SIR) states Resident #1 (R1) was given the wrong
5 medications by Staff #1 (S1). The medications were prepared for multiple
6 residents and S1 handed R1 the wrong cup. Upon noticing, the facility
7 immediately contacted R1's physician and responsible party by phone and notified
8 the Department via fax. The facility was instructed by the physician to monitor the
9 resident for any changes as the resident was not in any immediate danger. R1 did
10 not experience any change in condition.
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14 Subsequently, S1 completed additional training and has not had a repeated incident
15 to date. A review of facility files shows that S1 was fingerprint cleared and
16 completed all training. LPA randomly selected three (03) MedTech files all of
17 which had completed their training. A copy of the completed training logs and
18 training material was provided.
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23 (CONT. on LIC809-C)
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25

NAME OF LICENSING PROGRAM MANAGER: Troy Agard
NAME OF LICENSING PROGRAM ANALYST: Abeye Duguma

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 02/12/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 02/12/2026**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 FACILITY EVALUATION REPORT (Cont)	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 SANTA CLARITA **FACILITY NUMBER:** 197610184
VISIT DATE: 02/12/2026

NARRATIVE	
1	On 12/15/2025, LPA conducted a Case Management visit for a similar medication
2	mismanagement incident.
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5	Pursuant to Title 22 Division 6 Chapter 8 of the CA Code of Regulations, the
6	following deficiencies were cited (refer to LIC 809-D):
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9	No other health and safety hazards noted during the visit.
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11	Nothing further at this time.
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14	Exit interview conducted and a copy of the report was issued.
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NAME OF LICENSING PROGRAM MANAGER: Troy Agard	
NAME OF LICENSING PROGRAM ANALYST: Abeye Duguma	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 02/12/2026

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


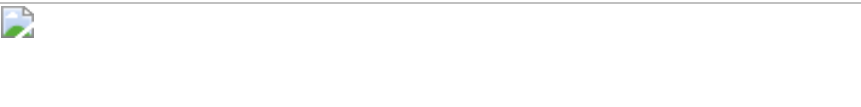
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 02/12/2026
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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** OAKMONT OF SANTA CLARITA**FACILITY NUMBER:** 197610184**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 02/12/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/16/2026 Section Cited CCR 87465(a)(2)	1 87465 Incidental Medical and Dental 2 Care (a)(2)The licensee shall provide 3 assistance in meeting necessary 4 medical and dental needs. This 5 requirement is not met as evidenced 6 by; Based on interviews and record 7 review, R1 was given incorrect medication by S1.	1 Administrator will provide proof of 2 additional medication training. 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

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	Troy Agard
MANAGER:	
NAME OF LICENSING PROGRAM	Abeye Duguma
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/12/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 02/12/2026