

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197610184
Report Date: 03/27/2026
Date Signed: 07/15/2026 11:21:47 AM

Unsubstantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 03/24/2026 and conducted by Evaluator Abeye Duguma

	COMPLAINT CONTROL NUMBER: 31-AS-20260324130624
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FACILITY NAME: OAKMONT OF SANTA CLARITA	FACILITY NUMBER: 197610184
ADMINISTRATOR: PARK, TOM	FACILITY TYPE: 740
ADDRESS: 28650 NEWHALL RANCH ROAD	TELEPHONE: (661) 295-2025
CITY: SANTA CLARITA	ZIP CODE: 91355
CAPACITY: 121	DATE: 03/27/2026
	UNANNOUNCED TIME BEGAN: 09:00 AM
MET WITH: Cruz Espinoza	TIME COMPLETED: 01:30 PM

ALLEGATION(S):

1	Resident sustained multiple injuries due to staff neglect or abuse.
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INVESTIGATION FINDINGS:

1	This report was amended for gramatical and technical erros only. The findings and facts have not
2	changed. This report supercedes the report dated March 27, 2026.
3	Licensing Program Analyst, Abeye Duguma (LPA) conducted an initial complaint visit to investigate the
4	allegation. LPA met with Cruz Espinoza and explained the reason for the visit.
5	
6	---Resident sustained multiple injuries due to staff neglect or abuse.
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8	It was alleged that Resident #1 (R1) has had an estimated ten (10) head injuries in the past year. To
9	investigate the allegation, on March 27, 2026 at around 10:00a.m. LPA requested documents. At around
10	11:30a.m., LPA interviewed one (01) staff. LPA was unable to interview R1 as they are no longer a
11	resident. R1's Admissions Agreement from Oakmont of Santa Clarita is dated February 29, 2024 and the
12	Admissions Agreement at Oakmont of Valencia is dated March 19, 2024. R1 is currently at Oakmont of
13	Valencia in Memory Care. (CONT. on LIC9099-C)

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Troy Agard LICENSING EVALUATOR NAME: Abeye Duguma LICENSING EVALUATOR SIGNATURE:		DATE: 07/15/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 07/15/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 2
Control Number 31-AS-20260324130624

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: OAKMONT OF SANTA CLARITA	FACILITY NUMBER: 197610184
	VISIT DATE: 03/27/2026

NARRATIVE	
1	A review of R1's ledger indicates they lived in this facility from February 29, 2024 to March 19, 2024. A
2	review of the Department's records do not indicate R1 had a fall in the past twelve (12) months or time
3	in question. During interviews, staff stated R1 hasn't lived here in a long time. R1 lives over at the other
4	Oakmont, Oakmont of Valencia. R1 was only here for about two (02) months. Staff added they are
5	unaware of multiple falls during R1's stay.
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7	Based on interviews and record review, there is not enough information to verify the allegation.
8	Therefore, the allegation is unsubstantiated at this time.
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10	No health and safety hazards noted during the visit.
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12	Exit interview conducted and a copy of the report was issued.
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