

<meta name="robots" content="noindex">

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197610184
Report Date: 09/23/2021
Date Signed: 09/23/2021 01:17:46 PM

Document Has Been Signed on 09/23/2021 01:17 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		CCLD Regional Office, 21731 VENTURA BLVD., STE. 250	
		WOODLAND HILLS, CA 91364	
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	STATE: CA	ZIP CODE:	91355
CAPACITY: 121	CENSUS: 91	DATE:	09/23/2021
TYPE OF VISIT: Prelicensing	UNANNOUNCED	TIME BEGAN:	10:00 AM
MET WITH: Tom Park, Executive Director		TIME COMPLETED:	01:40 PM

NARRATIVE	

1 At 10:00am Licensing Program Analyst (LPA), Angela Panushkina conducted an announced Pre-
 2 Licensing visit to the above facility. LPA was greeted by Nora Yousri, the front desk receptionist, who
 3 was informed the reason of the visit. At approximately, 10:05am LPA met with the Executive Director,
 4 Tom Park. This is a change of ownership application from (Facility #197609905) to (Facility
 5 #197610184).
 6
 7 At the time of this visit LPA observed residents present in the facility. All residents appear to be clean
 8 and groomed. The facility Fire Clearance dated 07/21/2021 was received for 121 non-ambulatory of
 9 which (8) may be bedridden. There are currently (5) bedridden residents. There is a hospice waiver for
 10 (12), and during today's visit, there are only (5) residents on hospice. Today's site visit consisted of LPA
 11 touring the physical plant inside and outside and observed the following:
 12
 13 The facility is a large 2 story building with memory care unit. In the main entrance of the building there is
 14 a cafe that is a self-serving refreshment and snack area with seating. The main living room has seating
 15 and a grand piano for entertainment. There is a reading room and private dining area for family or
 16 visitors to use.
 17
 18
 19
 20
 21 At approximately, 10:30am LPA conducted and inspected facility for fire safety, personal
 22 accommodations, food service, and medication procedures and records with Executive Director. The
 23 bathrooms were checked for the resident's private room and the public area and were observed to have
 24 grab bars and non-skid showers installed. Water temperature was measured between 114.8-118.2°F in
 25 various rooms. Resident rooms had Licensing requirements of bedding, linen, lightening, and observed
 to be appropriately furnished. The facility's emergency signal system is by Philips Life Line System,
 which is monitored by a pager carried by staff and is also registered on a central computer located at the
 front desk. Each resident can activate the system alert buttons, located in the bathroom, by bed and all
 stairways.

Continue on LIC809-C

NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST: Angela Panushkina
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 09/23/2021

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 09/23/2021

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 FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
--	---

FACILITY NAME: OAKMONT OF SANTA CLARITA **FACILITY NUMBER:** 197610184
VISIT DATE: 09/23/2021

NARRATIVE	
1	All assisted living residents are encouraged to wear alert alarms. The first floor has a memory care unit called "Traditions". This unit has a delayed egress system which is set for 15 seconds. The unit has a dining area and kitchenette for which residents will be served hot food, prepared by the main kitchen and delivered to the unit. It has its own courtyard that is fenced and has emergency exit into the main courtyard with delayed egress. There is no swimming pool or spa on premises.
2	
3	
4	
5	
6	
7	Facility has a main courtyard for the assisted living residents. At approximately, 11:55am LPA observed appropriate outdoor furniture, with a covered shaded area for residents. There is a dining room and commercial kitchen located on the first floor which LPA inspected around 11:00am and was in compliance. LPA observed enough sufficient supply of 2 days perishable foods and one week of non-perishable foods on premises, with an extra storage unit for emergency food and water. There are laundry areas available
8	
9	
10	
11	

12 for residents. There are storage rooms, ground level parking, beauty salon, media room, fitness room,
13 massage and medication rooms on the first floor.
14
15 Medications are kept and stored in a locked room and inaccessible to residents in care. The first aid kit
16 is readily available.
17
18 Fire extinguishers were observed throughout the facility (hallway, laundry area, kitchen, etc.), fully
19 charged and were last serviced on 01/18/21. Smoke detectors/carbon monoxide are hard wire and
20 tested yearly by the local Fire Department. LPA obtained a copy of the report.
21
22
23
24 Component III was conducted with the administrator.
25
26 Facility is in compliance with Title 22 Regulations at this time. This report will be forwarded to the
27 Centralized Application Bureau (CAB) and be notified by the CAB Analyst when your license has been
28 approved.
29
30 Exit interview was conducted with Executive Director, Tom Park and a copy of this report was provided.
31
32

NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST: Angela Panushkina
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/23/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/23/2021