

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 198320250  
**Report Date:** 05/12/2025  
**Date Signed:** 05/12/2025 12:54:24 PM

**Document Has Been Signed on 05/12/2025 12:54 PM - It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	OAKMONT OF TORRANCE	FACILITY NUMBER:	198320250
ADMINISTRATOR/JUDITH UY-VILLARUZ DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	3620 LOMITA BLVD	TELEPHONE:	(424) 376-3300
CITY:	TORRANCE	STATE: CA	ZIP CODE: 90505
CAPACITY:	126	CENSUS:	80
TYPE OF VISIT:	Case Management - Incident	DATE:	05/12/2025
		UNANNOUNCED TIME VISIT/ INSPECTION	08:53 AM
MET WITH:	Judith Uy	BEGAN: TIME VISIT/ INSPECTION	12:55 PM
		COMPLETED:	

NARRATIVE	
1	On 05/12/2025, Licensing Program Analyst (LPA), Wendy Gibbs,
2	conducted an unannounced Case Management visit to the facility listed
3	above. LPA met with Executive Director, Judith Uy, and the purpose of
4	today's visit was explained. LPA was granted entry into the facility.
5	LPA conducted a Case Management visit to follow-up on an incident report
6	that was submitted to the department on 05/01/2025 for three (3) different
7	residents. Resident R1 had an unwitnessed fall in their room on
8	04/27/2025. The fall resulted in R1 being diagnosed with inferior pubic
9	ramus fracture, not requiring surgery. Resident R2 had an unwitnessed fall
10	in the hallway near the dining room. The fall resulted in R2 being
11	diagnosed with right rib fracture, not requiring surgery. Resident R3 woke
12	up with severe back pain and requested to be seen by the doctor. R3 was
13	diagnosed with a Thoracic Vertebral Fracture, no surgery is required.
14	During today's visit, LPA inspected the facility, interviewed Residents R1-
15	R3, and received and reviewed documents pertinent to the visit. LPA
16	reviewed Resident's R1-R3 Physician's Report, Individualized Service
17	Plan, Preplacement Appraisal Information, Assessments, and In-Service
18	Logs for Fall Management Protocol
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**NAME OF LICENSING PROGRAM MANAGER:** Eva M Alvarez

**NAME OF LICENSING PROGRAM ANALYST:** Wendy Gibbs

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 05/12/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 05/12/2025

**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 Ill, 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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<b>FACILITY EVALUATION REPORT (Cont)</b>	

**FACILITY NAME:** OAKMONT OF TORRANCE

**FACILITY NUMBER:** 198320250

**VISIT DATE:** 05/12/2025

NARRATIVE	
1	dated 05/07/2025.
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4	During the facility inspection, LPA observed all walkways and hallways
5	throughout the facility to be clean, clear, and free of obstruction, and/or
6	hazards. In the resident rooms, LPA observed the rooms of Resident R1,
7	R2, and R3's rooms were clean. All walkways were observed clean and
8	clear.
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11	During an interview with Resident R1 stated they just lost their balance and
12	fell. During an interview with Resident R2 stated they tripped over their own
13	feet while walking and fell. During an interview with Resident R3, stated the
14	fracture can happen with the type of medical condition they have and that
15	the did not experience a fall.
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19	During today's visit, LPA did not observe or cite any deficiencies. LPA did
20	not observe any Health or Safety concerns.
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23	An exit interview was conducted with Executive Director, Judith Uy, and a
24	copy of this report was provided.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Eva M Alvarez	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Wendy Gibbs	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 05/12/2025

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 05/12/2025
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