

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198320250

Report Date: 12/16/2025

Date Signed: 12/16/2025 04:48:53 PM

Unsubstantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/14/2025** and conducted by Evaluator Wendy Gibbs

	COMPLAINT CONTROL NUMBER: 11-AS-20251014150501
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FACILITY NAME: OAKMONT OF TORRANCE	FACILITY NUMBER: 198320250
ADMINISTRATOR: JUDITH UY-VILLARUZ	FACILITY TYPE: 740
ADDRESS: 3620 LOMITA BLVD	TELEPHONE: (424) 376-3300
CITY: TORRANCE	STATE: CA
CAPACITY: 126	ZIP CODE: 90505
MET WITH: Angelie 'Angel' Pasa	CENSUS: 78
	DATE: 12/16/2025
	UNANNOUNCED TIME BEGAN: 08:30 AM
	TIME COMPLETED: 05:00 PM

ALLEGATION(S):

1	Staff did not seek medical attention for resident
2	Staff did not reassess resident's blood pressure in a timely manner
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INVESTIGATION FINDINGS:

1	On 12/16/2025, Licensing Program Analyst (LPA) Wendy Gibbs conducted an unannounced Complaint
2	Visit to the facility. LPA met with Health Services Director, Angelie 'Angel' Pasa, and the purpose of
3	today's visit was explained. LPA was granted entry into the facility.
4	The investigation consisted of the following:
5	During today's visit, LPA interviewed Staff S1-Staff S8. During a subsequent visit conducted on
6	11/13/2025, LPA interviewed Residents R1-R8 and received and reviewed resident R1's Admission
7	Agreement (dated 10/01/2020), On-Site Activity (dated 09/29/2020 through 10/14/2025), Resident
8	Charges/Payment Ledger (dated 10/02/2020 through 11/13/2025), and Charting Notes for R1. During the
9	initial visit conducted on 10/16/2025, LPA inspected the facility and received and reviewed Staff Roster,
10	Resident Roster, Resident Physician's Report (dated 03/19/2025 and 04/08/25, Physician Orders,
11	Individual Service Plan (dated 08/04/2025 and 07/16/2025), Shift Report (dated 10/06/25 through
12	10/16/2025), and resident Charting Note (dated 02/09/2025 through 10/10/2025).
13	The investigation revealed the following:

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Eva M Alvarez

LICENSING EVALUATOR NAME: Wendy Gibbs
LICENSING EVALUATOR SIGNATURE:

DATE: 12/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/16/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

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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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: OAKMONT OF TORRANCE

FACILITY NUMBER: 198320250

VISIT DATE: 12/16/2025

NARRATIVE

1 During interviews with staff S1-S8, were asked when monitoring a resident how often they check on
2 them, eight (8) out of eight (8) stated the resident is checked every hour when being monitored.
3 During interviews with Residents R1-R8, were asked if staff assist them when they are not feeling well,
4 eight (8) out of eight (8) stated yes, staff assist them and check on them when they are not feeling well.
5 Additionally, Residents R1-R8 were asked if staff meet their needs, eight (8) out of eight (8) stated yes
6 staff meet their needs.
7
8 During the course of the investigation, LPA was unable to find evidence to support the allegation.
9 Although the allegation may have happened or is valid, there is no preponderance of evidence to prove
10 the alleged violation(s) did or did not occur, therefore the allegation is **unsubstantiated**.
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14 During today's visit LPA did not observe or cite any deficiencies.
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16 LPA conducted an exit interview with Maintenance Director, Pedro Gonzales, and a copy of this report
17 was provided.
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SUPERVISORS NAME: Eva M Alvarez

LICENSING EVALUATOR NAME: Wendy Gibbs

LICENSING EVALUATOR SIGNATURE:

DATE: 12/16/2025

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DATE: 12/16/2025

LIC9099 (FAS) - (06/04)

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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

COMPLAINT INVESTIGATION REPORT (Cont)

NARRATIVE

1 **Allegation: Staff did not seek medical attention for a resident.**
 2 The allegation alleges that a resident's blood pressure was high, and staff did not seek medical attention
 3 for the resident.
 4 During record review, LPA received and reviewed the R1's Charting Notes and observed that when R1's
 5 systolic is elevated over 180 paramedics have been called to assess the resident. LPA observed on
 6 08/02/2025, 10/04/2025, and 10/07/2025 paramedics were called to assess R1 and provide transfer to
 7 the emergency room. During an interview with Staff S2 stated that when they checked on R1 a second
 8 time, before leaving for the day, R1 stated they were feeling a little better but wanted to rest a little while
 9 longer.
 10 During interviews with Staff S1-S8, were asked if resident's receive medical attention in a timely manner,
 11 eight (8) out of eight (8) stated yes residents receive medical treatment in a timely manner.
 12 During interviews with Residents R1-R8, were asked if staff ensure they get medical attention if needed
 13 in a timely manner, eight (8) out of eight (8) stated yes, staff ensure they get medical attention when
 14 needed. Additionally, Resident R1-R8 were asked if there had been a time they did not get medical
 15 attention when needed, eight (8) out of eight (8) stated no, they have always received medical attention.
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 17 During the course of the investigation, LPA was unable to find evidence to support the allegation.
 18 Although the allegation may have happened or is valid, there is no preponderance of evidence to prove
 19 the alleged violation(s) did or did not occur, therefore the allegation is **unsubstantiated**
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 23 **Allegation: Staff did not reassess resident's blood pressure in a timely manner.**
 24 The allegation alleges that staff took a resident's blood pressure and said they would be back in an hour
 25 to check on the resident and did not come back.
 26 During record review, LPA received and reviewed the Med Tech's Shift Report for 10/12/2025 that states
 27 for the Notes (Day) "BP was high (159/60) [R1] said [they were] feeling flush. No fatigue, headache or
 28 pain. Elevated feet in supine position on the bed." The shift notes for the Notes (PM) stated "BP was
 29 checked x2. First time was 141/64 second time was 154/60. Had resident elevate legs + rest + drink
 30 water." During an interview with Staff S2, was asked how many times they checked on R1 when they
 31 reported they were not feeling well, S2 stated R1 informed them they were not feeling well at 1:50pm
 32 and they took R1's blood pressure, assisted with elevating their legs and provided water. R1 stated they
 updated the next shift at crossover then went to check on R1 at 2:20pm before they got off shift.

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LICENSING EVALUATOR NAME: Wendy Gibbs

LICENSING EVALUATOR SIGNATURE:

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