

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603479
Report Date: 08/07/2026
Date Signed: 08/07/2026 05:24:18 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754	
FACILITY EVALUATION REPORT			
FACILITY NAME: OAKMONT OF WHITTIER		FACILITY NUMBER:	198603479
ADMINISTRATOR/BLASIA LEE-LOLE		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(562) 693-8222
ADDRESS:	13617 WHITTIER BLVD.	ZIP CODE:	90605
CITY:	WHITTIER	STATE: CA	DATE: 08/07/2026
CAPACITY: 97	CENSUS: 57	UNANNOUNCED TIME VISIT/	INSPECTION
TYPE OF VISIT: Required - 1 Year			08:50 AM
MET WITH:	Blasia Lee-Lole, Executive Director	BEGAN: TIME VISIT/	INSPECTION
			05:25 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Galarza conducted an unannounced Required- 1 year visit. LPA met
2	with Executive Director Blasia Lee-Lole. The Residential Care for Elderly (RCFE) facility serves
3	residents ages 60 and over. There is a Memory Care Unit for cognitively impaired residents.
4	
5	<u>The following were observed/inspected:</u>
6	
7	Infection Control: The Infection Control Plan was reviewed.
8	
9	Operational Requirements: The facility has an approved fire clearance for 97 non-ambulatory
10	residents, of which 7 may be bedridden. A hospice waiver for 15 residents is approved. Facility does not
11	handle resident monies. Liability Insurance in the amount of at least (\$1,000,000) per occurrence and
12	(\$3,000,000) in total annual aggregate is current with an expiration date of 3/1/2027.
13	
14	Physical Plant/Environment Safety: LPA toured the facility grounds. It is a 2-story building consisting
15	of 74 resident rooms, 2 courtyards, 2 activity rooms, 2 dining rooms, private dining room, bistro, sitting
16	area, music area, media room, staff lounge, kitchen, library, fitness center, massage room, beauty salon,
17	wellness office, medication room, and administrative offices. Twenty four (24) resident rooms, common
18	areas were inspected. Resident rooms have required furniture, bedding, linens, lighting, and bathrooms
19	have non-skid surfaces and grab bars. Exit doors are free of any obstruction. Cleaning supplies and
20	toxic substances are inaccessible to residents. The signal system was tested and is operational. Water
21	temperature readings measured within the required 105 - 120 degrees Fahrenheit. There are evacuation
22	chairs on facility stairwells to be used during an emergency as a path of egress from the facility to
23	safety. The facility is equipped with fire extinguishers, sprinklers, smoke detectors, and carbon monoxide
24	detectors. The last fire inspection was conducted on 3/5/2026 by Cal Building Systems.
25	*Beds in rooms 107, 109, 112, and 233 did not have mattress pads. A citation was issued.

DATE: 08/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/07/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: OAKMONT OF WHITTIER **FACILITY NUMBER:** 198603479
VISIT DATE: 08/07/2026

NARRATIVE	
1	Staffing: A total of 71 staff members provides care and supervision to the clients.
2	
3	Personnel Records/Staff Training: Administrator certificate expires 7/14/2027. 10 staff files were
4	reviewed. They contained 1st Aid/CPR training, personnel records, health/TB screenings, and training
5	records. Staff have criminal background clearance. However, staff (S7 & S8) are not associated to the
6	facility. A citation and civil penalty was issued.
7	
8	Resident Records/Incident Reports: Nine (9) resident files were reviewed. They contained Admission
9	Agreements, Service Plans, Physician's Reports, Appraisals, TB clearance, Physician's Orders, medical
10	consent, and centrally stored medication records.
11	
12	RCFE & Ombudsman complaint posters are posted.
13	
14	Planned Activities: Facility activity calendar was posted. Sufficient space to accommodate both indoor
15	and outdoor activities was observed.
16	
17	
18	Food Service: Food supply was checked in the kitchen and pantry storage areas, consisting of 2-day
19	perishables, 7-day non-perishables, and emergency food supplies. Residents have physician orders for
20	modified diets. A diet list was observed in the kitchen. Sanitation practices and kitchen cleanliness was
21	observed. Executive Chef has a current Food Handling Certificate. A technical violation was issued
22	because the fixed kitchen food steamer has been in disrepair with a leak for weeks. It has been serviced
23	but the issue has not been resolved.
24	
25	Incident Medical and Dental: Centrally stored resident medications were reviewed; containing a 30-
26	day supply of medications. Medical and dental transportation is provided by family or facility bus.
27	
28	Disaster Preparedness: Emergency and Disaster Plan LIC 610E was reviewed and is updated. Facility
29	has a First Aid Kit and Manual. The last emergency disaster drill was conducted on 6/23/2026.
30	
31	Residents with Special Health Needs: There are currently 4 residents receiving hospice services.
32	Three (3) residents receive home health services and no residents have prohibited health conditions.
	Individual Service Plans, Appraisals, and postural support physician orders are on file.
	Pursuant to Title 22 deficiencies were observed.
	Exit interview was conducted with Blasia Lee-Lole. A copy of report and appeal rights were issued.

NAME OF LICENSING PROGRAM MANAGER: Lisa Hicks	
NAME OF LICENSING PROGRAM ANALYST: Noemi Galarza	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/07/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/07/2026

Created By: Noemi Galarza On 08/07/2026 at 04:59 PM
Link to Parent Document Below:

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: OAKMONT OF WHITTIER	FACILITY NUMBER: 198603479
DEFICIENCY INFORMATION FOR THIS PAGE:	VISIT DATE: 08/07/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
Request Denied	Type A	Section Cited	CCR	87355(e)(3)	

Criminal Record Clearance	
(e) All individuals subject to a criminal record review pursuant to Health and Safety Code Section 1569.17(b) shall prior to working, residing or volunteering in a licensed facility: (3) Request a transfer of a criminal record clearance as specified in Section 87355(c) or	
This requirement is not met as evidenced by:	
	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in that staff (S7 & S8) are cleared but not associated with the facility, which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 08/08/2026
	Plan of Correction
1 2 3 4	Administration staff associated S7 & S8 during the visit. Citation is cleared. *Civil penalty was assessed.

Section Cited	
	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 2 3 4	

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 MANAGER:	Lisa Hicks
NAME OF LICENSING PROGRAM ANALYST:	Noemi Galarza
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 08/07/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 08/07/2026

Created By: Noemi Galarza On 08/07/2026 at 04:59 PM
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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: OAKMONT OF WHITTIER

FACILITY NUMBER: 198603479

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/07/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
Request Denied	Type B	Section Cited	CCR	87307(a)(3)(C)	

Personal Accommodations and Services

(C) Clean linen, including blankets, bedspreads, top bed sheets, bottom bed sheets, pillow cases, mattress pads, bath towels, hand towels and wash cloths. The quantity shall be sufficient to permit changing at least once per week or more often when indicated to ensure that clean linen is in use by residents at all times. The linen shall be in good repair. The use of common wash cloths and towels shall be prohibited.	
This requirement is not met as evidenced by:	
	Deficient Practice Statement
1 2 3 4	Based on observation,, the licensee did not comply with the section cited above in that rooms 107, 109, 112, and 233 did not have mattress pads, which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 08/28/2026
	Plan of Correction
1 2 3 4	Executive Director agreed to submit a written plan of correction addressing bed mattress pads and proof beds in rooms 107, 109, 112, and 233 have mattress pads.

		Section Cited			
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	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 2 3 4	

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 MANAGER:	Lisa Hicks
NAME OF LICENSING PROGRAM ANALYST:	Noemi Galarza
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 08/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/07/2026