

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005740
Report Date: 08/04/2022
Date Signed: 08/04/2022 03:10:13 PM

Document Has Been Signed on 08/04/2022 03:10 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT	

FACILITY NAME: OAKMONT OF ORANGE	FACILITY NUMBER: 306005740
ADMINISTRATOR: ALYSON CALUZA	FACILITY TYPE: 740
ADDRESS: 630 THE CITY DRIVE SOUTH	TELEPHONE: (714) 880-8624
CITY: ORANGE	STATE: CA
CAPACITY: 155	ZIP CODE: 92868
TYPE OF VISIT: Case Management - Incident	CENSUS: 98
MET WITH: Executive Director	DATE: 08/04/2022
Anna Pastores	UNANNOUNCED TIME BEGAN: 02:00 PM
	TIME COMPLETED: 03:25 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Claudia Gutierrez made an unannounced case management visit for
2	the purpose of following-up on a report received by the Department on July 29, 2022 regarding personal
3	rights. LPA Gutierrez met with Executive Director (ED) Anna Pastores and discussed the purpose of the
4	visit.
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6	On today's, visit LPA Gutierrez interviewed ED Anna Pastores, Health and Services Director Alyson
7	Caluza and residents' private caregiver.
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9	There were no deficiencies issued during this Case Management visit. Based on information obtained
10	on this date and interviews conducted, follow-up will be necessary regarding incident. An exit interview
11	was conducted, and a copy of this report was left at the facility.
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NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero
NAME OF LICENSING PROGRAM ANALYST: Claudia Gutierrez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/04/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/04/2022

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