

Department of  
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005740  
Report Date: 07/07/2026  
Date Signed: 07/07/2026 02:42:03 PM

Substantiated

|                                                        |                                                                                                                                                         |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>CCLD Regional Office, 770 THE CITY DR., SUITE 7100<br>ORANGE, CA 92868 |
| COMPLAINT INVESTIGATION REPORT                         |                                                                                                                                                         |

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/30/2026** and conducted by Evaluator Kimberly Lyman

|  |                                                |
|--|------------------------------------------------|
|  | COMPLAINT CONTROL NUMBER: 22-AS-20260630144919 |
|--|------------------------------------------------|

|                |                          |                  |                |
|----------------|--------------------------|------------------|----------------|
| FACILITY NAME: | OAKMONT OF ORANGE        | FACILITY NUMBER: | 306005740      |
| ADMINISTRATOR: | ANNA PASTORES            | FACILITY TYPE:   | 740            |
| ADDRESS:       | 630 THE CITY DRIVE SOUTH | TELEPHONE:       | (714) 880-8624 |
| CITY:          | ORANGE                   | ZIP CODE:        | 92868          |
| CAPACITY:      | 155                      | DATE:            | 07/07/2026     |
|                | STATE: CA                | TIME BEGAN:      | 09:15 AM       |
|                | CENSUS: 93               | TIME             | 03:00 PM       |
|                | UNANNOUNCED              | COMPLETED:       |                |
| MET WITH:      | Dennis Robeniol          |                  |                |

ALLEGATION(S):

|   |                                                                       |
|---|-----------------------------------------------------------------------|
| 1 | Staff are not responding to residents call buttons in a timely manner |
| 2 | Staff did not ensure resident was dressed for appointments            |
| 3 |                                                                       |
| 4 |                                                                       |
| 5 |                                                                       |
| 6 |                                                                       |
| 7 |                                                                       |
| 8 |                                                                       |
| 9 |                                                                       |

INVESTIGATION FINDINGS:

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced complaint visit to initiate an investigation into the above allegations. LPA was greeted and granted entry into the facility and explained the reason for the visit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 3  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 4  | During the investigation, LPA toured the facility and interviewed staff, witness and resident as well as reviewed and obtained pertinent documentation such as physician report. Regarding the allegations that staff are not responding to residents call buttons in a timely manner and staff did not ensure resident was dressed for appointments, the investigation revealed the following: Per review of call button response records, there are three instances of response times over 27 minutes between 06/26-07/05/2026 for Resident 1 (R1). Facility is unable to print out the records prior to 06/26/2026. Email thread between R1's family and facility acknowledge a response time of approximately two hours on 06/26/2026. LPA pushed the emergency button in the first floor common restroom at 11:33 AM and waited until 11:50 AM and received no staff response even as LPA observed staff walking by and lingering near the restroom. R1 indicated through interview that staff responses to call button can take one to two hours depending on the day. CONTINUED ON LIC 9099C DATED 07/07/2026. |
| 5  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 6  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 7  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 8  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 9  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 10 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 11 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 12 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 13 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

|               |                               |
|---------------|-------------------------------|
| Substantiated | Estimated Days of Completion: |
|---------------|-------------------------------|

|                                                                                                         |                         |
|---------------------------------------------------------------------------------------------------------|-------------------------|
| <b>SUPERVISORS NAME:</b> Alisa Ortiz                                                                    |                         |
| <b>LICENSING EVALUATOR NAME:</b> Kimberly Lyman                                                         |                         |
| <b>LICENSING EVALUATOR SIGNATURE:</b>                                                                   | <b>DATE:</b> 07/07/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                         |
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b>                                                               | <b>DATE:</b> 07/07/2026 |

This report must be available at Child Care and Group Home facilities for public review for 3 years.  
LIC9099 (FAS) - (06/04) Page: 1 of 3  
**Control Number 22-AS-20260630144919**

|                                                        |                                                                                                                                                         |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>CCLD Regional Office, 770 THE CITY DR., SUITE 7100<br>ORANGE, CA 92868 |
| <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>           |                                                                                                                                                         |

|                                         |                                   |
|-----------------------------------------|-----------------------------------|
| <b>FACILITY NAME:</b> OAKMONT OF ORANGE | <b>FACILITY NUMBER:</b> 306005740 |
|                                         | <b>VISIT DATE:</b> 07/07/2026     |

| NARRATIVE |                                                                                                           |
|-----------|-----------------------------------------------------------------------------------------------------------|
| 1         | LPA tested R1's call button two times during the visit and staff responded one time. Per physician report |
| 2         | dated 07/03/2025, R1 has no cognitive decline and can manage own medications. R1 indicates two            |
| 3         | recent times in June when the resident had an appointment in the morning and was not assisted with        |
| 4         | getting ready timely for the appointment. Email correspondence and interviews conducted confirm the       |
| 5         | resident was not ready for the appointments on 06/22/2026 and 06/25/2026 thus family had to assist in     |
| 6         | getting the resident ready to leave for the appointment. R1's care plan dated 07/01/2026 shows resident   |
| 7         | requires "Hands on assistance with dressing." Email correspondence between family and facility show       |
| 8         | facility was notified of the appointment times in advance.                                                |
| 9         |                                                                                                           |
| 10        |                                                                                                           |
| 11        | Based on record review and interviews conducted, the preponderance of evidence standard has been          |
| 12        | met. Therefore the allegations are deemed substantiated. California Code of Regulations, (Title 22,       |
| 13        | Division 6, Chapter 8), are being cited on the attached LIC 9099D. An exit interview was conducted and    |
| 14        | a copy of the report provided as well as appeal rights.                                                   |
| 15        |                                                                                                           |
| 16        |                                                                                                           |
| 17        |                                                                                                           |
| 18        |                                                                                                           |
| 19        |                                                                                                           |
| 20        |                                                                                                           |
| 21        |                                                                                                           |
| 22        |                                                                                                           |
| 23        |                                                                                                           |
| 24        |                                                                                                           |
| 25        |                                                                                                           |
| 26        |                                                                                                           |
| 27        |                                                                                                           |
| 28        |                                                                                                           |
| 29        |                                                                                                           |
| 30        |                                                                                                           |
| 31        |                                                                                                           |
| 32        |                                                                                                           |

|                                                                                                         |                         |
|---------------------------------------------------------------------------------------------------------|-------------------------|
| <b>SUPERVISORS NAME:</b> Alisa Ortiz                                                                    |                         |
| <b>LICENSING EVALUATOR NAME:</b> Kimberly Lyman                                                         |                         |
| <b>LICENSING EVALUATOR SIGNATURE:</b>                                                                   | <b>DATE:</b> 07/07/2026 |
| I acknowledge receipt of this form and understand my licensing appeal rights as explained and received. |                         |
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b>                                                               | <b>DATE:</b> 07/07/2026 |

LIC9099 (FAS) - (06/04) Page: 2 of 3  
**Control Number 22-AS-20260630144919**

|                                                        |                                                                                                                                |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>CCLD Regional Office, 770 THE CITY DR., SUITE |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|

**COMPLAINT INVESTIGATION REPORT  
(Cont)**7100  
ORANGE, CA 92868**FACILITY NAME:** OAKMONT OF ORANGE  
**DEFICIENCY INFORMATION FOR THIS PAGE:****FACILITY NUMBER:** 306005740  
**VISIT DATE:** 07/07/2026

| Deficiency Type<br>POC Due Date /<br>Section Number                                         | DEFICIENCIES                                                                                                                                                                                                                                                                                           | PLAN OF CORRECTIONS(POCs)                                                                                                                             |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Request Denied</b><br>Type A<br>07/08/2026<br><b>Section Cited</b><br>CCR<br>87464(f)(1) | 1 Basic services shall at a minimum<br>2 include:<br>3 Care and supervision as defined in<br>4 Section 87101(c)(3) and Health and<br>5 Safety Code<br>6 section 1569.2(c). This req is not met<br>7 as evidenced by:                                                                                   | 1 Licensee to provide an in-service to<br>2 staff on responding to call buttons and<br>3 forward proof to LPA by POC due date.<br>4<br>5<br>6<br>7    |
|                                                                                             | 8 Based on record review and interviews<br>9 conducted, Licensee failed to ensure<br>10 R1's call button was responded to<br>11 timely which poses an immediate health<br>12 and safety risk to residents in care.<br>13<br>14                                                                         | 8<br>9<br>10<br>11<br>12<br>13<br>14                                                                                                                  |
| <b>Request Denied</b><br>Type B<br>07/21/2026<br><b>Section Cited</b><br>CCR<br>87464(f)(4) | 1 Basic services shall at a minimum<br>2 include: Personal assistance and care<br>3 as needed by the resident., with those<br>4 activities of daily living such as<br>5 dressing, eating, bathing and<br>6 assistance with taking prescribed<br>7 medications..This req is not met as<br>evidenced by: | 1 Licensee to provide an in-service to<br>2 staff on following resident care plans<br>3 and forward proof to LPA by POC due<br>4 date.<br>5<br>6<br>7 |
|                                                                                             | 8 Based on record review and interviews<br>9 conducted, Licensee failed to ensure<br>10 R1 was assisted with dressing per care<br>11 plan dated 07/01/2026 which poses a<br>12 potential health and safety risk to<br>13 residents in care.<br>14                                                      | 8<br>9<br>10<br>11<br>12<br>13<br>14                                                                                                                  |

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

|                                                                                                      |                         |
|------------------------------------------------------------------------------------------------------|-------------------------|
| <b>SUPERVISOR'S NAME:</b> Alisa Ortiz                                                                |                         |
| <b>LICENSING EVALUATOR NAME:</b> Kimberly Lyman                                                      |                         |
| <b>LICENSING EVALUATOR SIGNATURE:</b>                                                                | <b>DATE:</b> 07/07/2026 |
| <b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b> |                         |
| <b>FACILITY REPRESENTATIVE SIGNATURE:</b>                                                            | <b>DATE:</b> 07/07/2026 |