

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006005
Report Date: 05/18/2026
Date Signed: 05/18/2026 01:03:49 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 09/08/2021 and conducted by Evaluator Kerry Hiratsuka

	COMPLAINT CONTROL NUMBER: 22-AS-20210908150448
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FACILITY NAME:	OAKMONT OF HUNTINGTON BEACH	FACILITY NUMBER:	306006005
ADMINISTRATOR:	YOUNAN, HEATHER	FACILITY TYPE:	740
ADDRESS:	18922 DELAWARE STREET	TELEPHONE:	(657) 204-4600
CITY:	HUNTINGTON BEACH	ZIP CODE:	92648
CAPACITY:	111	DATE:	05/18/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	12:50 PM
	CENSUS:	TIME COMPLETED:	12:55 PM
MET WITH:	Tammie Sampedro, Regional Operations Specialist		

ALLEGATION(S):

1	Staff behavior poses as a risk to the residents while in care
2	Staff forces medications onto residents while in care
3	Residents are not afforded privacy while in care
4	Staff mishandles residents medications while in care
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INVESTIGATION FINDINGS:

1	On May 18, 2026, Licensing Program Analyst (LPA) Hiratsuka, contacted the facility via phone and email
2	to deliver final findings regarding a complaint that was received on 09/08/2021. The time frame of the
3	allegations is prior to the complaint received by the department
4	
5	Based on the information obtained during the course of the investigation, the Department is unable to
6	determine the validity of the allegations listed above. Therefore, the allegations above are
7	unsubstantiated.
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9	A finding that a complaint allegation is unsubstantiated means that, although the allegation may have
10	happened or is valid, there is not a preponderance of the evidence to prove that the alleged violation
11	occurred.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Troy Ordonez	
LICENSING EVALUATOR NAME: Kerry Hiratsuka	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/18/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/18/2026