

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006224
Report Date: 05/15/2026
Date Signed: 05/15/2026 03:16:53 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 **04/30/2026** and conducted by Evaluator RoseMarie Ruppert

	COMPLAINT CONTROL NUMBER: 22-AS-20260430160439
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FACILITY NAME: OAKMONT OF FULLERTON	FACILITY NUMBER: 306006224
ADMINISTRATOR: SCHROEDER, LINDSAY	FACILITY TYPE: 740
ADDRESS: 433 W. BASTENCHURY ROAD	TELEPHONE: (714) 869-1940
CITY: FULLERTON	ZIP CODE: 92835
CAPACITY: 152	DATE: 05/15/2026
	CENSUS: 104 UNANNOUNCED TIME BEGAN: 02:30 PM
MET WITH: Maria Kauten, Executive Director	TIME COMPLETED: 03:30 PM

ALLEGATION(S):

1	Facility staff did not safeguard residents' cash resources
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Rose Ruppert made an unannounced visit to deliver findings for a
2	complaint received in the Regional Office. LPA was greeted and granted entry by the Concierge at
3	2:30pm. LPA met with Executive Director (ED) Maria Kauten and explained the purpose of the visit.
4	
5	LPA reviewed the following documents for Resident #1 (R1): The Lease Agreement, Durable Power of
6	Attorney documents, Resident Information Sheet and Form, Physician's Report dated 2/25/2026,
7	Preplacement Appraisal, and R1's most recent Care Plan dated 2/11/2025. LPA also obtained signed
8	Inventory Sheet by R1 who stated they did not wish to inventory personal belongings.
9	
10	It was alleged that: Facility staff did not safeguard residents' cash resources. LPA reviewed R1's
11	documentation. R1 moved in on February 28, 2023 and R1 did not wish to inventory personal items. R1
12	does not have neurocognitive impairment and preferred to stay in the apartment. R1 was able to
13	ambulate
	(Continued on LIC 9099-C)

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Alisa Ortiz	
LICENSING EVALUATOR NAME: RoseMarie Ruppert	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/15/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/15/2026

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 2
Control Number 22-AS-20260430160439

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: OAKMONT OF FULLERTON	FACILITY NUMBER: 306006224
	VISIT DATE: 05/15/2026

NARRATIVE	
1	(Continued from LIC 9099)
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3	independently but did receive assistance with Activities of Daily Living (ADL) per care plan.
4	
5	LPA interviewed four of four staff members who routinely engaged with Resident #1 (R1) and/ or
6	provided direct care to R1. Four of four staff were unaware of the allegation and stated R1 had never
7	shared that any personal items or cash were missing. Staff stated that residents in the community do not
8	normally carry cash and they were unaware that any cash was in R1's possession or needed to be
9	safeguarded. Resident #1 pays for services through their Power of Attorney (POA) monthly and POA did
10	not mention any items or cash missing for R1, to facility.
11	
12	LPA attempted to interview residents who were close to R1. Two of the three residents were unavailable
13	to be interviewed. One resident interviewed stated there were never discussions at the dinner table
14	regarding missing items or financial abuse. The resident stated they have not experienced anything
15	missing in their apartment and does not suspect financial abuse occurring in the community.
16	
17	LPA interviewed two of two witnesses. One witness was aware of the allegation but could not confirm,
18	nor deny the allegation. The second witness had no knowledge of the allegation and could not confirm,
19	nor deny that Facility staff did not safeguard residents' cash resources.
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22	Based on LPA's file review and interviews, the allegation that Facility staff did not safeguard residents'
23	cash resources is Unsubstantiated. The allegation may have happened or is valid, but there is not a
24	preponderance of the evidence to prove that the alleged violation occurred. An exit interview was
25	conducted with Executive Director (ED) Maria Kauten, and a copy of this report was provided to the
26	facility.
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SUPERVISORS NAME: Alisa Ortiz	
LICENSING EVALUATOR NAME: RoseMarie Ruppert	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/15/2026
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