

# Department of SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 361881162

**Report Date:** 03/06/2026

**Date Signed:** 03/06/2026 03:11:15 PM

**Document Has Been Signed on** 03/06/2026 03:11 PM - **It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
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<b>FACILITY EVALUATION REPORT</b>	
FACILITY NAME: OAKMONT OF CHINO HILLS	FACILITY NUMBER: 361881162
ADMINISTRATOR/MEDRANO, JANETH	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 14837 PEYTON DRIVE	TELEPHONE: (909) 606-3010
CITY: CHINO HILLS	STATE: CA
CAPACITY: 170	ZIP CODE: 91709
TYPE OF VISIT: Case Management - Deficiencies	CENSUS: 140
	DATE: 03/06/2026
	UNANNOUNCED TIME VISIT/INSPECTION: 12:30 PM
	BEGAN:
MET WITH: Janeth Medrano	TIME VISIT/INSPECTION: 03:15 PM
	COMPLETED:

NARRATIVE	
1	Licensing Program Analyst (LPA) Paola Guerrero arrived at the facility to deliver findings on complaint
2	number 56-AS-20260305140133. This case management visit is in response to complaint number 56-
3	AS-20260305140133. LPA met with Facility Administrator and explained the purpose of the visit. LPA
4	explained to Janeth that a deficiency for failing to report will be issued to the facility in relation to
5	complaint control number 56-AS-20260305140133. During interview with Facility Administrator it was
6	reported to LPA that bedbug issue began February 14,2026 however, the matter was not properly
7	reported by staff. Facility Administrator informed LPA that the facility learned about the matter
8	concerning bedbugs on February 21, 2026. LPA informed Facility Administrator that staff must properly
9	report concerns pertaining to residents health and safety in a timely manner.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Efren Malagon
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Paola Guerrero

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 03/06/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 03/06/2026

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

LIC809 (FAS) - (06/04)

California Health &amp; Human Services Agency

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California Department of Social Services

**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 III, 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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**Citations on this Visit Report are Under Appeal!**

**Created By: Paola Guerrero On 03/06/2026 at 02:25 PM**  
**Link to Parent Document Below:**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
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**FACILITY NAME:** OAKMONT OF CHINO HILLS

**FACILITY NUMBER:** 361881162

**DEFICIENCY INFORMATION FOR THIS PAGE:**


**VISIT DATE:** 03/06/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
<b>Under Appeal</b> Type B 03/24/2026 Section Cited CCR 87211(a)(1)	Reporting Requirements 87211...(a) Each licensee shall furnish to the licensing agency such reports as the Department may require, including, but not limited to, the following: ...(1) ...A written report shall be submitted to the licensing agency and to the person responsible for the resident within seven days of the occurrence of any of the events specified in (A) through (D) below. This report shall include the resident's name, age, sex and date of admission; date an nature of the event; attending physician's names, findings, and treatment, if any; and disposition of the case.  This requirement is not met as evidence by:	1 2 3 4 5 6 7	The Licensee has agreed to read over regulation "Reporting Requirements (a) (1)". The licensee has agreed to provide training to staff regarding reporting requirements. The Licensee will email LPA a copy of the training by POC due date of 3/24/2026.
	8 Based on interviews, and record review, 9 the licensee did not follow reporting 10 requirements for resident #1, which 11 poses a potential Health, Safety, or 12 Personal Rights risk to Residents in 13 care. 14	8 9 10 11 12 13 14	
		1 2 3 4 5 6 7	
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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>NAME OF LICENSING PROGRAM MANAGER:</b>	Efren Malagon
<b>NAME OF LICENSING PROGRAM ANALYST:</b>	Paola Guerrero
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 03/06/2026

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 03/06/2026