<meta name="robots" content="noindex">

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 361881162
Report Date: 05/07/2026
Date Signed: 05/07/2026 03:24:14 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/01/2026** and conducted by Evaluator Paola Guerrero

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20260501101218

FACILITY NAME:	OAKMONT OF CHINO HILLS			**FACILITY NUMBER:**	361881162
ADMINISTRATOR:	MEDRANO, JANETH			**FACILITY TYPE:**	740
ADDRESS:	14837 PEYTON DRIVE			**TELEPHONE:**	(909) 606-3010
CITY:	CHINO HILLS	**STATE:** CA		**ZIP CODE:**	91709
CAPACITY:	170	**CENSUS:** 136		**DATE:**	05/07/2026
		UNANNOUNCED		**TIME BEGAN:**	01:07 PM
MET WITH:	Janet Medrano			**TIME COMPLETED:**	03:30 PM

ALLEGATION(S):

1	Staff are not providing adequate food service to residents resulting in sickness
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Paola Guerrero arrived at the facility to deliver investigative findings.
2	LPA met with Facility Administrator Janeth Medrano and explained the purpose of the visit regarding the
3	allegations stated above.
4	
5	First allegation: Staff are not providing adequate food service to residents resulting in sickness.
6	Regarding the allegation stated above, LPA conducted interviews with Residents #1-5, regarding the
7	alleged allegation and Residents #1-5 informed LPA that they have not been served food that is raw,
8	cold, or not cooked thoroughly. Residents #1-5 also denied getting sick or food poisoning due to the food.
9	LPA conducted interviews with Staff #1-5 regarding the alleged allegation and Staff #1-5 informed LPA
10	that it was reported that residents did fall sick however, it was not due to food poising but rather the
11	stomach flu which was reported to Community Care Licensing and Department of Public Health. Staff #1
12	informed LPA that last symptoms were reported on 4/30/2026.
13	

Unsubstantiated	Estimated Days of Completion:

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Paola Guerrero
LICENSING EVALUATOR SIGNATURE:
DATE: 05/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/07/2026

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

Control Number 56-AS-20260501101218

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
COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: OAKMONT OF CHINO HILLS **FACILITY NUMBER:** 361881162
VISIT DATE: 05/07/2026

NARRATIVE

Based on corroborating evidence LPA has determined that the above allegation is Unsubstantiated, meaning that although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violation did or did not occur.

An exit interview was conducted where this report (LIC 9099) was discussed, and a copy was provided to Facility Administrator Janeth Medrano.

SUPERVISORS NAME: Efren Malagon
LICENSING EVALUATOR NAME: Paola Guerrero
LICENSING EVALUATOR SIGNATURE:
DATE: 05/07/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/07/2026