

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 361881162
Report Date: 07/29/2021
Date Signed: 07/29/2021 02:12:16 PM

Document Has Been Signed on 07/29/2021 02:12 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME: OAKMONT OF CHINO HILLS	FACILITY NUMBER: 361881162
ADMINISTRATOR: MEDRANO, JANETH	FACILITY TYPE: 740
ADDRESS: 14837 PEYTON DRIVE	TELEPHONE: 9096063010
CITY: CHINO HILLS	STATE: CA ZIP CODE: 91709
CAPACITY: 170	CENSUS: 118 DATE: 07/29/2021
TYPE OF VISIT: Prelicensing	UNANNOUNCED TIME BEGAN: 09:15 AM
MET WITH: Administrator, Janeth Medrano	TIME COMPLETED: 02:11 PM

NARRATIVE	
1	Licensing Program Analysts (LPA) Elecia Weathersby conducted an announced visit to the facility for
2	purpose of a Pre-Licensing evaluation (CHOW). At approximately 9:15AM, LPA Weathersby met with
3	Administrator Janeth Medrano. An initial application to operate an Residential Care for the Elderly facility
4	(RCFE) was submitted to the Central Applications Bureau (CAB) in April 2021 for a total capacity of
5	(170) which includes (155) non-ambulatory and up to (15) bedridden residents. Fire clearance was
6	granted on 06/11/21. LPA Elecia Weathersby observed the following:
7	Structure:
8	Facility was a split four (4) story building with nine (9) common area public bathrooms and (129)
9	personal apartment units, which include (26) memory care units. Heating/Cooling System:
10	Central heating and air conditioning system installed throughout the facility. Temperatures were
11	consistently comfortable throughout the facility between 73-77 degrees Fahrenheit (F), due to extreme
12	outdoor temperatures.
13	Apartments:
14	LPA observed adequate furnishing in occupied apartments consistent with beds, chairs, closets,
15	appropriate linens, adequate lighting, and dining tables. Each accessed apartment equipped with
16	standard appliances such as stove, refrigerator, microwave, dishwasher.
17	Bathrooms:
18	Each residents unit has personal bathrooms, toilet, sink, and shower.
19	Kitchen/Laundry:
20	An adequate supply of dishes, glasses, utensils, pots and pans were observed. Knives/sharp
21	instruments were secured in a locked drawer located in the kitchen. There was adequate room for food
22	storage. LPA observed the stove to be operational. Refrigerator/freezer were in working condition
23	(CONTINUED ON LIC 812C)
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Elecia Weathersby

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/29/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/29/2021

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1650 SPRUCE ST STE 200
MS29-27
RIVERSIDE, CA 92507

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: OAKMONT OF CHINO HILLS

FACILITY NUMBER: 361881162

VISIT DATE: 07/29/2021

NARRATIVE

1 (CONTINUED FROM LIC 812)
2 and had sufficient storage for perishable food. There was adequate seating for meals for all clients.
3 Laundry rooms with washer and dryer was located on each floor.
4 **Living/Family room:**
5 There were open seating areas throughout the facility with safe and adequate seating for residents in
6 care.
7 **Yards/Outside:**
8 LPA observed adequate patio shade coverage and sufficient outdoor seating for residents and guest.
9 Fencing secured the entire back building area. All outdoor pathways were free of obstructions. LPA
10 observed an outdoor fenced pool which was locked and requiring repairs related to quality of water,
11 fencing, and electrical hazards (per County of San Bernardino as of 7/22/2021).
12 **Emergency Phone Numbers, and Exit Plan:**
13 Facility sketch, Ombudsman poster observed, emergency phone numbers were observed posted in the
14 main 2nd floor area.
15 **General items:**
16 Facility equipped with more than (200) hardwired, working smoke detectors and (36) fire extinguishers.
17 LPA observed all to be charged and serviced within the past year (verification obtained) and located
18 throughout the facility. Client medications and records will be stored in locked medication rooms. First
19 Aid kit with required components, and locked area for medication storage was observed. LPA observed
20 a facility phone and it was verified to be operational as evidenced by LPA dialing the number to trigger a
21 ring.
22 **Component III:**
23 LPA conducted the component III training with the Administrator on this date.
24 Pre-Licensing is incomplete and the following deficiencies to be resolved by 8/5/2021:
25 Water Quality
26 Electrical Hazards - Lighting
27 See something say something poster and Ombudsman poster, posted in obscure areas (Should be
28 visible to staff, residents, and guest).
29
30 A follow up Pre-Licensure LIC809 will be generated upon resolution of deficiencies on 8/5/2021..
31
32

NAME OF LICENSING PROGRAM MANAGER: Efren Malagon

NAME OF LICENSING PROGRAM ANALYST: Elecia Weathersby

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/29/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/29/2021