

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 361881162
Report Date: 06/14/2024
Date Signed: 06/14/2024 10:48:15 AM

Unsubstantiated

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/09/2024** and conducted by Evaluator Paola Guerrero

PUBLIC	COMPLAINT CONTROL NUMBER: 56-AS-20240209102015
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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: 139 DATE: 06/14/2024
MET WITH: Janeth Medrano	UNANNOUNCED TIME BEGAN: 09:27 AM
	TIME COMPLETED: 11:00 AM

ALLEGATION(S):

1	Licensee did not refund preadmission fees.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Paola Guerrero conducted an unannounced visit to deliver findings on
2	the allegation listed above. LPA met with Facility Director Janeth Medrano and explained the purpose of
3	the visit. The investigation consisted of interviews and record review.
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5	First allegation, Licensee did not refund preadmission fees. LPA conducted an interview with Facility
6	Director Janeth Medrano who explained that a refund check to Resident #1 was given on 2/7/2024. LPA
7	Guerrero obtained a copy of Resident #1 Service Agreement document and observed the description and
8	breakdown of the fees that were owed to the facility along with the total amount that will refunded back to
9	Resident #1. Based on documentation LPA observed that Resident #1 personally picked-up a refund
10	check at Oakmont of Chino Hills on 2/7/2024. Based on the evidence obtained during the course of the
11	investigation, LPA has determined that the above allegation is Unsubstantiated.
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Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Paola Guerrero
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/14/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/14/2024

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

LIC9099 (FAS) - (06/04)

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Control Number 56-AS-20240209102015

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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: 06/14/2024

NARRATIVE

1 Unsubstantiated; meaning that although the allegation may have happened or is valid, there is not a
2 preponderance of evidence to prove the alleged violation did or did not occur.
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4 An exit interview was conducted where this report (LIC 9099) was discussed, and a copy was provided
5 to Facility Director Janeth Medrano.
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