

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366426338

Report Date: 02/20/2026

Date Signed: 02/20/2026 11:08:56 AM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME:	OAKMONT OF SAN ANTONIO HEIGHTS	FACILITY NUMBER:	366426338
ADMINISTRATOR/SAMUEL DE GUZMAN		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(909) 981-4002
ADDRESS:	2419 N EUCLID AVE	ZIP CODE:	91786
CITY:	UPLAND	STATE: CA	
CAPACITY:	140	CENSUS: 82	DATE: 02/20/2026
TYPE OF VISIT:	Case Management - Deficiencies	UNANNOUNCED TIME VISIT/INSPECTION	09:15 AM
MET WITH:	Brandy Herrera	BEGAN: TIME VISIT/INSPECTION	11:15 AM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analyst (LPA) Paola Guerrero arrived at the facility to deliver findings on complaint
2 number 56-AS-20251107091354. This case management visit is in response to complaint number 56-
3 AS-20251107091354. LPA met with Health Services Director Brandy Herrera and explained the purpose
4 of the visit. LPA explained to Brandy that a deficiency will be issued to the facility in relation to complaint
5 control number 56-AS-20251107091354. During the review of records LPA observed that Resident #2
6 had sustained multiple falls on different occasions. During further review LPA discovered that the only
7 report reported to CCL was the fall that involved Resident #1 and Resident # 2, sustaining a fall in the
8 shower that resulted in Resident #1 with an elbow fracture. During interview with Facility Health Services
9 Director LPA was informed that falls pertaining to Resident #2 were not reported to CCL because
10 Resident #2 did not need medical attention. During review of records LPA discovered that Resident #2
11 was a fall risk. In addition, LPA found that Resident #2 had count of notes that were made regarding
12 Resident #2 sustaining falls which were not reported to CCL. LPA informed Facility Health Services
13 Director that all incidents involving residents whether they were transported to the hospital or just
14 administered first aid, that the facility must report. LPA will be issuing a deficiency for reporting
15 requirements in relation to complaint control number 56-AS-20251107091354.

NAME OF LICENSING PROGRAM MANAGER: Efren Malagon

NAME OF LICENSING PROGRAM ANALYST: Paola Guerrero

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 02/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 02/20/2026

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

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 Ill, 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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Created By: Paola Guerrero On 02/20/2026 at 10:36 AM
Link to Parent Document Below:


STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	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 SAN ANTONIO HEIGHTS
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 366426338
VISIT DATE: 02/20/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 03/06/2026 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 and nature of the event; attending physician's names, findings, and treatment, if any; and disposition of the case. This requirement is not met as evidenced 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 3/6/2026.
	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	
		1 2 3 4 5	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Efren Malagon
NAME OF LICENSING PROGRAM ANALYST:	Paola Guerrero
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 02/20/2026