

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366426338
Report Date: 07/14/2021
Date Signed: 07/14/2021 12:24:24 PM

Document Has Been Signed on 07/14/2021 12:24 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 SAN ANTONIO HEIGHTS	FACILITY NUMBER: 366426338
ADMINISTRATOR: ERIKA LEMON	FACILITY TYPE: 740
ADDRESS: 2419 N EUCLID AVE	TELEPHONE: (909) 981-4002
CITY: UPLAND	STATE: CA ZIP CODE: 91786
CAPACITY: 140	CENSUS: 93 DATE: 07/14/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 10:45 AM
MET WITH: Erika Lemon	TIME COMPLETED: 12:38 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Natalie Gayoso made an unannounced visit to facility to conduct an
2	annual inspection, with emphasis on infection control. LPA was greeted and temperature taken by
3	receptionist. LPA met with administrator Erika Lemon and explained the purpose of today's visit.
4	Administrator accompanied LPA on a tour of the inside and outside of the facility.
5	
6	During today's visit, LPA made observation pertaining to the facility's current infection control measures.
7	LPA observed a screening area, sufficient hand hygiene supplies, cleaning supplies, and a 30+ day
8	supply of Personal Protective Equipment (PPE). The facility has a designated infection control lead
9	person who has been tasked with tracking all COVID-19 cases and/or suspected cases, cleaning and
10	disinfection are in adequate quantities, and that staff are trained in overall infection control. The facility
11	has a plan in place which follows Community Care Licensing guidelines for when and how long to test
12	staff and residents for COVID-19, when and how to isolate/quarantine clients, and when to schedule
13	cleaning and disinfection times of high traffic and frequently touched areas/surfaces. The facility also
14	has a plan in place to monitor residents regularly for any changes in condition and to subsequently notify
15	the resident's physician and to notify all emergency agencies in the event of any COVID-19 related
16	and/or suspected illnesses.
17	
18	Based on the observations made during today's visit, no deficiencies were cited.
19	An exit interview was conducted, and a copy of this report was provided to the administrator.
20	
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Natalie Gayoso

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/14/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/14/2021

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