

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366426338

Report Date: 09/18/2024

Date Signed: 09/18/2024 12:17:19 PM

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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 DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	2419 N EUCLID AVE	TELEPHONE:	(909) 981-4002
CITY:	UPLAND	STATE: CA	ZIP CODE: 91786
CAPACITY:	140	CENSUS: 81	DATE: 09/18/2024
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	BEGAN: 09:48 AM
MET WITH:	Cheryl Stevenson	TIME VISIT/ INSPECTION	COMPLETED: 12:30 PM

NARRATIVE	
1	Licensing Program Analysts (LPAs) Paola Guerrero and Beena Singh made an unannounced visit to the
2	facility. The purpose of the visit was to conduct a required comprehensive annual inspection. LPAs met
3	with Facility Administrator Cheryl Stevenson and was granted entry to the facility. The facility is a
4	Residential Care Facility for Elderly (RCFE) Licensed capacity is (140) current census (95). LPAs was
5	accompanied by Facility Administrator, to conduct a general overall inspection, which included, but was
6	not limited to, the following:
7	
8	<u>Physical Plant:</u> The facility is operating in the capacity approved by Community Care Licensing (CCL).
9	There are no obstructions to indoor and outdoor passageways. The facility is maintained at a
10	comfortable temperature. LPAs inspected resident's bedrooms; they are equipped with required furniture
11	such as: mattresses, nightstands, storage space, and sufficient lighting; bathrooms were clean, and
12	appliances were operating appropriately. LPAs observed sufficient furniture and lighting throughout the
13	facility. The facility is equipped with operating smoke detectors and carbon monoxide alarms. Posters
14	such as personal rights, the CCL complaint poster, and the disaster plan were posted in a common area.
15	Cleaning supplies, toxins, sharps, and other dangerous items were kept inaccessible to residents in
16	care. There was a designated storage space for resident/staff files. Medications are kept inside Med-
17	Room inaccessible to residents in care. Overall, the facility is clean, in good repair, and operating in safe
18	conditions for residents in care.
19	
20	<u>Food Service:</u> Non-perishable and perishable food supply is sufficient for number of residents in care.
21	
22	<u>Care & Supervision:</u> Facility has sufficient care staff for coverage 24 hours a day, 7 days a week. All staff
23	members working in the facility have criminal record clearance through the department.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Efen Malagon

NAME OF LICENSING PROGRAM ANALYST: Paola Guerrero

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/18/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/18/2024

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
SAN BERNARDINO, 1650 SPRUCE ST STE 200
MS29-27
RIVERSIDE, CA 92507

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: OAKMONT OF SAN ANTONIO HEIGHTS

FACILITY NUMBER: 366426338

VISIT DATE: 09/18/2024

NARRATIVE

1 Record Review: LPAs reviewed six (6) resident files for admission agreements, updated physician
2 reports, and needs and services plans. LPAs also reviewed seven (7) staff files for First Aid/CPR
3 certification, criminal record clearance, training, and health screenings. Medications were audited at
4 random and appeared to be dispensed appropriately by staff members.
5
6 Based on the observations made during today's visit, no deficiencies were cited per Title 22, Division 6,
7 of the California Code of Regulations.
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9 An exit interview was conducted, and this report (LIC809) was discussed and provided to Facility
10 Administrator Cheryl Stevenson.
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NAME OF LICENSING PROGRAM MANAGER: Efren Malagon

NAME OF LICENSING PROGRAM ANALYST: Paola Guerrero

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/18/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/18/2024