

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604457
Report Date: 08/10/2021
Date Signed: 08/10/2021 02:19:02 PM

Document Has Been Signed on 08/10/2021 02:19 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, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
FACILITY EVALUATION REPORT	

FACILITY NAME: OAKMONT OF ESCONDIDO HILLS	FACILITY NUMBER: 374604457
ADMINISTRATOR: SENTENO, CAROLINE	FACILITY TYPE: 740
ADDRESS: 3012 BEAR VALLEY PARKWAY	TELEPHONE: (760) 735-8084
CITY: ESCONDIDO HILLS	STATE: CA
CAPACITY: 160	ZIP CODE: 92025
TYPE OF VISIT: Prelicensing	CENSUS: 103
MET WITH: Angela Scott-Kapiloff	DATE: 08/10/2021
	UNANNOUNCED TIME BEGAN: 09:10 AM
	TIME COMPLETED: 12:55 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Adam Hamer conducted an announced Pre-Licensing and Component
2	III inspection on today's date to inspect the facility for compliance with Title 22, Division 6, Chapter 8 of
3	the California Code of Regulations and the Health & Safety Code. This is a change of ownership
4	application and the facility currently has one-hundred-three (103) residents in care. After arriving at the
5	facility, LPA identified himself, disclosed the purpose of the visit and was granted entry, then
6	administrator Angela Scott-Kapiloff met with LPA.
7	
8	LPA toured the physical plant, inside and out, and observed the following: Resident accommodations
9	were in compliance with regulations, including furnishings, linens, and personal hygiene items; resident
10	bathrooms were equipped with grab bars, non-skid mats, and water temperature measured at 109
11	degrees Fahrenheit (F), 111 degrees F and 115.4 degrees F in bathrooms used by residents; the
12	facility's ambient room temperature was 75 degrees F at the time of the visit; there was a medication
13	room with locked doors for medications in the main resident area and another locked medication room in
14	the "Traditions" memory care unit. Resident medications were stored in the medication carts and with
15	the narcotics locked; staff and resident records were kept in a secure area in the business director's
16	office; food service was within the requirements of regulations, including dishes, utensils, food storage,
17	and a seven (7) day supply of non-perishables and a two (2) day supply of perishables, and knives and
18	sharp objects were inaccessible to residents in care; toxic substances were stored in locked cabinets;
19	first aid kits and first aid manuals and required supplies were stored in the medication rooms; activities,
20	supplies and sufficient space in which to conduct activities were present; fire extinguishers were present
21	throughout the facility and on the facility's bus, last serviced in September 2020; smoke and carbon
22	monoxide detectors were present and operable; required facility
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24	
25	

NAME OF LICENSING PROGRAM MANAGER: Denise Powell
NAME OF LICENSING PROGRAM ANALYST: Adam Hamer

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/10/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/10/2021

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, 7575 METROPOLITAN DR.
#109
SAN DIEGO, CA 92108

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: OAKMONT OF ESCONDIDO HILLS

FACILITY NUMBER: 374604457

VISIT DATE: 08/10/2021

NARRATIVE

1 postings were present and visible in the common area of the facility. According to the administrator,
2 there are no guns, weapons, or ammunition stored on the facility property. Also, the swimming pool on
3 the facility property was fenced and locked pursuant to regulations. The administrator's certificate was
4 posted in the lobby area and expires on February 10, 2022.
5
6 LPA conducted and completed the Component III with the administrator during the visit. LPA verified her
7 understanding of Title 22 continuing requirements, including physical environment, reporting
8 requirements, personnel and resident records, incidental medical care, health related services and
9 activities.
10
11 No deficiencies were observed during today's visit as all items reviewed during the visit are in
12 compliance with Title 22, Division 6, Chapter 8 of the California Code of Regulations and the Health and
13 Safety Code. The administrator was advised that the application is pending management final review
14 and approval. An exit interview was conducted with her and a copy of this report and Applicant Rights
15 (LIC 9058) were provided to her via electronic mail; she expressed to LPA that she would send an email
16 confirmation upon receipt of these documents.
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NAME OF LICENSING PROGRAM MANAGER: Denise Powell

NAME OF LICENSING PROGRAM ANALYST: Adam Hamer

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/10/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/10/2021