

# Department of SOCIAL SERVICES

*Community Care Licensing*

## COMPLAINT INVESTIGATION REPORT

Facility Number: 405809547

Report Date: 02/26/2026

Date Signed: 02/26/2026 02:42:55 PM

**Substantiated**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/11/2025** and conducted by Evaluator Melisa Rankin

	<b>COMPLAINT CONTROL NUMBER: 29-AS-20250711112047</b>
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<b>FACILITY NAME:</b> OAKS AT NIPOMO, THE	<b>FACILITY NUMBER:</b> 405809547
<b>ADMINISTRATOR:</b> RONALD C. FREEMAN	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 177 MARY AVENUE	<b>TELEPHONE:</b> (805) 723-5206
<b>CITY:</b> NIPOMO	<b>ZIP CODE:</b> 93444
<b>CAPACITY:</b> 122	<b>DATE:</b> 02/26/2026
<b>MET WITH:</b> Ron Freeman	<b>UNANNOUNCED TIME BEGAN:</b> 01:45 PM
	<b>TIME COMPLETED:</b> 03:00 PM

### ALLEGATION(S):

1	Facility staff are not following mandated reporter requirements
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Rankin conducted a subsequent complaint visit to issue final findings on this investigation. LPA met with Ron Freeman and explained the purpose of the visit. During the
2	investigation, LPA conducted an initial visit on 07/16/2025 where LPA conducted interviews with residents
3	and staff from 11:25am to 3:15pm, and obtained relevant documents. LPA conducted additional
4	interviews with staff on 10/01/2025; with residents on 11/21/2025; and with a witness on 1/16/2026. A
5	review of prior complaint # 29-AS-20250130150442 was completed. The prior complaint involved the
6	eviction of Resident 1 (R1). Interviews conducted on 02/6/2025 and 02/27/2025 were used for evidence.
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9	On the allegation: Facility staff are not following mandated reporter requirements. It was alleged the
10	Administrator and staff failed to report alleged abuse of their residents, violating their legal mandate to do
11	so. The reporting party stated an eviction notice was issued to R1. Continued on 9099-C
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<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Kelly Burley  
**LICENSING EVALUATOR NAME:** Melisa Rankin  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/26/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/26/2026

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** 29-AS-2025071112047

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250  
WOODLAND HILLS, CA 91364

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** OAKS AT NIPOMO, THE

**FACILITY NUMBER:** 405809547

**VISIT DATE:** 02/26/2026

### NARRATIVE

- 1 The notice indicated the cause of eviction included behaviors by R1 that constituted "harassment or
- 2 psychological abuse or causes mental suffering of an elder or dependent adult." It was alleged if the
- 3 behaviors rose to the level supporting an eviction notice, then the Administrator and staff, as mandated
- 4 reporters, should have reported the abuse to Community Care Licensing (CCL), the local Long Term
- 5 Care Ombudsman (LTCO) program, and local law enforcement using the SOC341 forms.
- 6
- 7 Interviews conducted with residents indicated that R1 discouraged them from sitting with preferred
- 8 companions, interfered with group participation, and was observed repeatedly raising their voice and
- 9 talking rudely to staff. Two residents stated R1 repeatedly entered another resident's apartment
- 10 uninvited to complain, as this resident was the resident council president, but was on Hospice. Multiple
- 11 residents reported avoiding dining and activities due to R1, some observed other residents crying after
- 12 interactions with R1, and two residents stated they would move out if R1 remained.
- 13
- 14 Resident Services Coordinator stated during interview R1 was overheard calling residents "dumb" or
- 15 "not smart," told some "you don't belong," and created a hostile environment. Staff interviewed stated
- 16 they observed R1 yelling at residents and staff. On one occasion Staff 8 (S8) witnessed R1 throw a
- 17 purse at a resident over a seating dispute on the bus. Staff noted residents with mild cognitive
- 18 impairment were targeted and staff claim that some residents feared retaliation if they reported an
- 19 incident and R1 found out about the report.
- 20
- 21 LPA obtained facility forms titled "Resident/Family Grievance report". Twenty-two (22) forms were
- 22 collected, all regarding R1. Eleven (11) of the twenty-two (22) forms document events between
- 23 07/03/2024 and 03/09/2025 of R1 refusing seating or activity participation to other residents, repeated
- 24 unwanted phone calls to Resident 10 (R10), loud/banging noises affecting neighboring residents,
- 25 demeaning comments to staff, misuse of laundry machines causing disruption in other residents using
- 26 them, and multiple resident/staff grievances.
- 27
- 28
- 29 LPA received an Incident Report from 11/23/2024. The incident report documented a resident reporting
- 30 to the facility that they were being harassed by R1, R1 was calling their cell phone repeatedly, and
- 31 resident reported they felt very uncomfortable around R1 because they feel pressured or manipulated to
- 32 join activities and meals. Continued on 9099-C

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**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/26/2026

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/26/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 5

**Control Number** 29-AS-2025071112047

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WOODLAND HILLS N.ASC, 21731 VENTURA

# COMPLAINT INVESTIGATION REPORT (Cont)

BLVD. #250  
WOODLAND HILLS, CA 91364

FACILITY NAME: OAKS AT NIPOMO, THE

FACILITY NUMBER: 405809547

VISIT DATE: 02/26/2026

## NARRATIVE

1 A letter dated 12/05/2024 was sent to LPA Rankin documenting instances of R1's insulting and rude  
 2 behavior to other residents causing them distress, rejecting residents from playing games, persistent  
 3 unwanted phone calls to residents, loud noises in R1's apartment, and screaming at staff.  
 4

5 Additional documents collected include letter correspondence and an eviction notice for R1. A letter from  
 6 11/15/2024 documented verbal harassment of staff, screaming and insults; R1 was reminded  
 7 harassment violates resident handbook. A letter from 11/28/2024 documented other residents feeling  
 8 harassed, receiving unwanted attention, and feeling targeted; R1 was instructed harassment must  
 9 cease and was warned against retaliation. A letter from 12/11/2024 documented turning away a resident  
 10 from seating, rude conduct, persistent complaints; it was reiterated to R1 harassment was prohibited. A  
 11 letter from 01/02/2025 noted harassment toward servers. R1's eviction notice includes summaries of  
 12 fifteen (15) instances where R1 verbally berated, yelled, and pressured or mistreated staff; and four (4)  
 13 instances involving R1's treatment of residents, which were corroborated by the interviews and  
 14 grievance reports. Although a majority of the reported mistreatment was directed toward staff, residents  
 15 were also present for some of these incidents and observed these interactions, which, according to  
 16 interviews and grievances, created an environment of fear and psychological distress for residents, and  
 17 disrupted their sense of safety and well-being.  
 18

19 California Code of Regulations Title 22 87211(a)(1)(D) states the licensee must submit a written  
 20 reporting to CCL within seven (7) days of "Any incident which threatens the welfare, safety or health of  
 21 any resident, such as psychological abuse of a resident by staff or other residents, or unexplained  
 22 absence of any resident." Mandated reporters must report abuse using form SOC341 per the definitions  
 23 in Welfare and Institutions Code (WIC) §15610.07(a)(1) ["Abuse of an elder or a dependent adult"  
 24 means any of the following: Physical abuse, neglect, abandonment, isolation, abduction, or other  
 25 treatment with resulting...mental suffering."] and WIC §15610.53 ["Mental suffering" means fear,  
 26 agitation, confusion, severe depression, or other forms of serious emotional distress that is brought  
 27 about by forms of intimidating behavior, threats, harassment, or by deceptive acts performed or false or  
 28 misleading statements made with malicious intent to agitate, confuse, frighten, or cause severe  
 29 depression or serious emotional distress of the elder or dependent adult."]  
 30 Continued on 9099-C  
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**SUPERVISORS NAME:** Kelly Burley  
**LICENSING EVALUATOR NAME:** Melisa Rankin  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_ **DATE:** 02/26/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 02/26/2026

# COMPLAINT INVESTIGATION REPORT (Cont)

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BLVD. #250  
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## NARRATIVE

1 The evidence shows that R1's behaviors constitute incident(s) that threaten the welfare and safety of  
 2 residents and aligns with the definition of treatment resulting in mental suffering. The evidence  
 3 demonstrates a pattern of psychological harassment by R1 toward staff and other residents, which  
 4 negatively impacted the facility environment. Despite being aware of these effects, neither the  
 5 Administrator nor staff submitted SOC341 reports to CCL, nor to LTCO or law enforcement as required  
 6 per Welfare and Institutions Code (WIC) 15630.  
 7

8 Based on interviews and documentation, there is a preponderance of evidence that the facility failed to  
 9 meet mandated reporting requirements regarding suspected psychological abuse/mental suffering.  
 10 Therefore, the allegation is substantiated at this time. This case will be cross-reported to California

11 Department of Justice/Division of Medi-Cal Fraud and Elder Abuse (DOJ/DMFEA) and local law  
 12 enforcement for failure to follow mandated reporter requirements.  
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 14 An exit interview was conducted, deficiency cited on 9099-D, a copy of this report and the appeal rights  
 15 was provided.  
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION WOODLAND HILLS N.ASC, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
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**FACILITY NAME:** OAKS AT NIPOMO, THE **FACILITY NUMBER:** 405809547  
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 02/26/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/26/2026 <b>Section Cited</b> CCR 87211(a)(1)(D)	1 87211(a)(1)(D) 2 Each licensee shall furnish to the 3 licensing agency such reports as the 4 Department may require, including, but 5 not limited to, the following:...Any 6 incident which threatens the welfare, 7 safety or health of any resident, such as 8 psychological abuse of a resident by 9 staff or other residents... 10 This requirement is not met as 11 evidenced by: 12 13 14	1 The Administrator agrees to ensure that 2 all facility staff receive comprehensive 3 training on Mandated Reporting. The 4 training will include topics related to 5 harassing behaviors, psychological 6 abuse, isolation, and contributing 7 factors such as resident-on-resident 8 abusive interactions.
	8 Based on interview and record review, 9 the licensee did not comply with the 10 section cited when the 11 Administrator/staff did not submit an 12 SOC341 for abuse by R1, which posed 13 a potential health, safety, and personal 14 rights risk to residents in care.	8 The training will emphasize staff 9 responsibilities in recognizing, 10 preventing, documenting, and reporting 11 all forms of abuse in accordance with 12 Title 22 regulations and Health & Safety 13 Code requirements. Documentation of 14 completed training, including sign-in sheets and training materials, will be maintained at the facility and submitted to CCL by 3/26/26.
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**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

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