

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 565800682
Report Date: 08/25/2026
Date Signed: 08/25/2026 02:43:47 PM

Unfounded

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 08/24/2026 and conducted by Evaluator Valeria Conway

	COMPLAINT CONTROL NUMBER: 29-AS-20260824101812
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FACILITY NAME:	ALMAVIA OF CAMARILLO	FACILITY NUMBER:	565800682
ADMINISTRATOR:	MICHELE JOHNSON	FACILITY TYPE:	740
ADDRESS:	2500 NORTH PONDEROSA DRIVE	TELEPHONE:	(805) 388-5277
CITY:	CAMARILLO	ZIP CODE:	93010
CAPACITY:	100	DATE:	08/25/2026
	STATE: CA	TIME BEGAN:	08:45 AM
	CENSUS: 53	TIME	
MET WITH:	Sarah Stichler	COMPLETED:	03:15 PM
	UNANNOUNCED		

ALLEGATION(S):

1	Staff inappropriately touched resident.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Valeria Conway arrived at the facility at 8:45 A.M. to conduct a 10-day
2	complaint investigation for the above allegation. Upon arrival LPA met with the Administrative Services
3	Director, Sarah Stichler, Executive Director (ED), Michele Johnson, was unavailable during today's visit,
4	however ASD is authorized to sign today's reports. Reason for the visit was explained.
5	
6	On 08/24/2026 the Department received a complaint alleging that staff inappropriately touched a
7	resident. To investigate the allegation, the LPA obtained and reviewed pertinent facility records and
8	conducted an interview with the ASD at approximately 9:00 A.M. The ASD identified themselves as the
9	individual responsible for the facility's Human Resources (HR) department. During the visit, ASD stated
10	that no residents or staff members reported concerns related to the allegation.
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12	Continued on LIC 9099-C
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Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Desaree Perera	
LICENSING EVALUATOR NAME: Valeria Conway	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/25/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/25/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 2
Control Number 29-AS-20260824101812

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ALMAVIA OF CAMARILLO	FACILITY NUMBER: 565800682
	VISIT DATE: 08/25/2026

NARRATIVE	
1	Continued from LIC 9099-C
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3	The LPA reviewed the following records: the Personnel Report (LIC 500), the facility's resident roster,
4	and the Facility Personnel Report Summary extracted from the Guardian system. The documentation
5	reviewed revealed that the resident identified in the complaint did not reside at this facility. Additionally,
6	the staff members identified in the complaint were not employed by the facility and were not listed on the
7	facility's personnel roster or in the Guardian system. Based on the information obtained, the allegation is
8	deemed UNFOUNDED at this time. A finding of unfounded means that the allegation is either false,
9	could not have happened, and/or is without a reasonable basis.
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11	No citations issued. Exit interview conducted. A copy of the report was provided.
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