

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 565802425
Report Date: 08/26/2025
Date Signed: 08/26/2025 04:13:40 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/19/2025** and conducted by Evaluator Emily Peraldi

	COMPLAINT CONTROL NUMBER: 29-AS-20250819100046
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FACILITY NAME: VISTAS AT OXNARD SENIOR LIVING,THE	FACILITY NUMBER: 565802425
ADMINISTRATOR: JOVANY GUERRA	FACILITY TYPE: 740
ADDRESS: 2211 E GONZALES RD	TELEPHONE: (805) 983-6808
CITY: OXNARD	STATE: CA
CAPACITY: 100	ZIP CODE: 93036
	CENSUS: 41
MET WITH: Jovany Guerra - Executive Director	DATE: 08/26/2025
	UNANNOUNCED TIME BEGAN: 10:15 AM
	TIME COMPLETED: 04:15 PM

ALLEGATION(S):

1	Staff do not ensure the facility is kept clean.
2	Staff do not have access to cleaning supplies.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Emily Peraldi conducted an unannounced initial complaint visit to this
2	facility. At 10:15 a.m., the LPA met with staff and explained the reason for the visit. At 10:17 a.m., the
3	Executive Director (ED), Jovany Guerra met with the LPA.
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5	Starting at 10:27 a.m., the LPA, along with the ED conducted a physical plant tour and inspected eleven
6	(11) resident rooms. Between 10:47 a.m. and 3:03 p.m., the LPA conducted interviews with seven (7)
7	residents and five (5) staff. At 12:10 p.m., the LPA conducted an interview with the ED. During the time of
8	the visit, the LPA requested and obtained copies of pertinent documents.
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10	Continued on LIC 9099-C.
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Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST: Emily Peraldi
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/26/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/26/2025

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-20250819100046

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: VISTAS AT OXNARD SENIOR LIVING,THE

FACILITY NUMBER: 565802425

VISIT DATE: 08/26/2025

NARRATIVE

1 Regarding the allegations: 1.) Staff do not ensure the facility is kept clean. 2.) Staff do not have access
2 to cleaning supplies. It was alleged that not all staff members have access to cleaning supplies which
3 has led to the facility not being maintained clean and sanitary and in good repair at all times. Interview
4 with the ED revealed that medication technicians staff (med techs) have keys to the two (2) main
5 cleaning supply rooms. There are a total of three (3) cleaning storage rooms which have chemicals and
6 other cleaning supplies such as cloths, and mops. One (1) out of the three (3) cleaning rooms has a
7 keypad and the ED explained that all care staff know the code. The LPA had a conversation with the ED
8 regarding cleaning supplies and the importance of having sufficient cleaning supplies to all staff. The ED
9 explained that cleaning and housekeeping supplies are ordered semi-monthly. During the physical plant
10 tour the LPA observed the following: At 10:37 a.m., stained/ uncleaned floors in the memory care (MC)
11 dining area. At 10:38 a.m., two (2) open wires were observed on the MC courtyard door. At 10:39 a.m.,
12 trash such as empty cups were observed throughout the MC courtyard. Two (2) out of the eleven (11)
13 resident restrooms inspected were observed in an unsanitary condition as there were stains/
14 discoloration around the toilet bowls waterline. Interviews with staff and the ED revealed that there
15 currently is only one (1) housekeeper, as the other housekeeper is currently not working. The ED
16 explained that there is another staff member who covers housekeeping duties when the full-time
17 housekeeper is off on Fridays and Saturdays. The ED explained that the second housekeeper should be
18 returning to work within the next month. Based on interviews and observations, the preponderance of
19 evidence standard has been met, therefore the above allegations are deemed **Substantiated** at this
20 time.

22 Per the California Code of Regulations, Title 22, Division 6, Chapter 8, the following deficiency was
23 observed and cited during the visit (See 9099-D).

25 Exit interview conducted. A copy of the report and appeal rights were provided.

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST: Emily Peraldi
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/26/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/26/2025

LIC9099 (FAS) - (06/04)

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Control Number 29-AS-20250819100046

**COMPLAINT INVESTIGATION REPORT
 (Cont)**

FACILITY NAME: VISTAS AT OXNARD SENIOR LIVING,THE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 565802425
VISIT DATE: 08/26/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/05/2025 Section Cited CCR 87303(a)	1 87303 Maintenance and Operation 2 (a) The facility shall be clean, safe, 3 sanitary and in good repair at all 4 times... services and procedures for the 5 safety and well-being of residents... 6 This requirement is not met as 7 evidenced by:	1 The ED state that he will create a 2 checklist to ensure that the resident 3 rooms and common areas are 4 maintained cleaned, safe, sanitary and 5 in good repair at all times. 6 7
	8 Based on observations and interviews, 9 the licensee did not comply with the 10 section cited above as the LPA 11 observed several areas throughout the 12 facility not maintained clean and 13 sanitary such as residents' toilets which 14 poses a potential health and safety or personal rights risk to persons in care.	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST: Emily Peraldi
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 08/26/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 08/26/2025

COMPLAINT INVESTIGATION REPORT

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COMPLAINT CONTROL NUMBER: 29-AS-20250819100046

FACILITY NAME: VISTAS AT OXNARD SENIOR LIVING,THE
ADMINISTRATOR:JOVANY GUERRA

FACILITY NUMBER: 565802425
FACILITY TYPE: 740

ADDRESS: 2211 E GONZALES RD **TELEPHONE:** (805) 983-6808
CITY: OXNARD **STATE:** CA **ZIP CODE:** 93036
CAPACITY: 100 **CENSUS:** 41 **DATE:** 08/26/2025
MET WITH: Jovany Guerra - Executive Director **UNANNOUNCED TIME BEGAN:** 10:15 AM
COMPLETED: 04:15 PM

ALLEGATION(S):

1	Staff did not ensure the toilets were not in disrepair.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Emily Peraldi conducted an unannounced initial complaint visit to this facility. At 10:15 a.m., the LPA met with staff and explained the reason for the visit. At 10:17 a.m., the Executive Director (ED), Jovany Guerra met with the LPA.
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5	Starting at 10:27 a.m., the LPA, along with the ED conducted a physical plant tour and inspected eleven (11) resident rooms. Between 10:47 a.m. and 3:03 p.m., the LPA conducted interviews with seven (7) residents and five (5) staff. At 12:10 p.m., the LPA conducted an interview with the ED. During the time of the visit, the LPA requested and obtained copies of pertinent documents.
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10	Continued on LIC 9099-C.
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Unsubstantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan
NAME OF LICENSING PROGRAM ANALYST: Emily Peraldi
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 08/26/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 08/26/2025

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 LIC9099 (FAS) - (06/04) Page: 4 of 5

Control Number 29-AS-20250819100046

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	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: VISTAS AT OXNARD SENIOR LIVING,THE **FACILITY NUMBER:** 565802425
VISIT DATE: 08/26/2025

NARRATIVE

1	Regarding the allegation: 3.) Staff did not ensure the toilets were not in disrepair. It was alleged that
2	when residents have maintenance issues such as "broken toilets", that it is not fixed in a timely manner.
3	Interviews with residents revealed that if they have any issues, they go to the front desk and ask for
4	help. Seven (7) out of seven (7) residents interviewed did not reveal any concerns regarding staff
5	response time to maintenance request or issues. The interview with the ED revealed that the facility
6	currently does not have a maintenance director or a regular maintenance staff and that the facility is
7	outsourcing their maintenance work and requests with outside vendors. The ED explained that he is in
8	the process of hiring a maintenance director. The ED provided the LPA a copy of completed
9	maintenance work orders. During the time of the visit, the LPA along with the ED followed up on
10	completed maintenance request and ensured items were fixed, including clogged toilets and sinks.
11	Although the facility does not have permanent maintenance staff, the ED ensures that maintenance
12	requests are completed by outsourcing maintenance work. The information obtained during the
13	investigation did not include evidence sufficient to corroborate the allegation. Although the allegation

14 | may have happened or is valid, there is not sufficient evidence to prove the alleged violation did or did
15 | not occur, therefore the allegation is deemed **Unsubstantiated** at this time.

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17 | Exit interview conducted. A copy of the report was provided.
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NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan

NAME OF LICENSING PROGRAM ANALYST: Emily Peraldi

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/26/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/26/2025