

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 565850168  
**Report Date:** 09/28/2021  
**Date Signed:** 09/28/2021 05:25:04 PM

**Document Has Been Signed on 09/28/2021 05:25 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, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: OAKMONT OF RIVERPARK	FACILITY NUMBER: 565850168
ADMINISTRATOR: BERGAN, KIM	FACILITY TYPE: 740
ADDRESS: 901 TOWN CENTER DRIVE	TELEPHONE: (805) 940-0390
CITY: OXNARD	STATE: CA
CAPACITY: 140	ZIP CODE: 93036
TYPE OF VISIT: Prelicensing	CENSUS: 87
MET WITH: Kim Bergan	DATE: 09/28/2021
	UNANNOUNCED TIME BEGAN: 09:55 AM
	TIME COMPLETED: 05:23 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) JoAnn Rosales made a Pre-licensing visit to the facility. LPA met with
2	Administrator Kim Bergan. On 9/15/21 LPA received a letter from the Applicant Representative Susan
3	McPherson designating Kim Bergan as the Applicant Representative for the Prelicensing visit. This
4	application is a change of ownership from Oakmont of Riverpark #567609936. Component III was
5	conducted in conjunction with this pre-licensing visit.
6	
7	LPA inspected facility for Fire Safety, Personal Accommodations and Services, Medication Procedures,
8	and Food Service. Facility has adequate linen, water and nonperishable food supplies.
9	
10	Facility has 21 private and 6 shared rooms in memory care floor 1, 13 private rooms in assisted living
11	floor 1 and 45 private rooms in assisted living floor 2. All resident units have private bathrooms. Signal
12	system was tested and operable. The common areas were appropriately furnished and lighting was
13	adequate. There is additional entertainment equipment and games for activities. The resident records
14	will be kept in the locked medication rooms and business office. Staff records will be kept in a locked
15	cabinet in the business directors office. Facility has locked medication rooms where resident
16	medications will be kept. Hot water temperature tested at 105.2 degrees Fahrenheit in resident
17	bathroom during today's visit. LPA observed fire extinguishers properly charged. Administrator provided
18	a copy of the Fire Alarm inspection report from 7/21/21 indicating that the Fire Alarms passed inspection.
19	LPA observed carbon monoxide detectors operating properly. Fire clearance is approved for 140 non-
20	ambulatory residents of which 8 may be bedridden in any apartment on any floor.
21	
22	Continued on 809-C
23	
24	
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Kristin Heffernan
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Joann Rosales

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/28/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/28/2021

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, 21731 VENTURA BLVD.  
#250  
WOODLAND HILLS, CA 91364

**FACILITY EVALUATION REPORT (Cont)**

FACILITY NAME: OAKMONT OF RIVERPARK

FACILITY NUMBER: 565850168

VISIT DATE: 09/28/2021

**NARRATIVE**

1 The following needs to be completed/proof submitted prior to the facility being licensed:

- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32

1. Current First Aid manual.

Exit interview conducted, today's report was reviewed and emailed to the Administrator.

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan

NAME OF LICENSING PROGRAM ANALYST: Joann Rosales

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/28/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/28/2021