

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565850168

Report Date: 01/26/2026

Date Signed: 01/26/2026 01:08:43 PM

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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
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FACILITY NAME: OAKMONT OF RIVERPARK	FACILITY NUMBER: 565850168
ADMINISTRATOR/KAILEY VANDERWALL	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 901 TOWN CENTER DRIVE	TELEPHONE: (805) 940-0390
CITY: OXNARD STATE: CA	ZIP CODE: 93036
CAPACITY: 140 CENSUS: 96	DATE: 01/26/2026
TYPE OF VISIT: Case Management - Legal/Non-compliance	UNANNOUNCED TIME VISIT/INSPECTION 10:25 AM
MET WITH: Ketmany Nantavong - Health Servies Director	BEGAN: TIME VISIT/INSPECTION 01:20 PM
Kailey Vanderwall- Executive Director (ED)	COMPLETED:

NARRATIVE	
1	Licensing Program Analyst (LPA) Erica Mosley arrived at the facility unannounced to conduct a Case
2	Management - Legal/Non-compliance visit at 10:25 a.m. The purpose of today's visit was to ensure the
3	facility was maintaining substantial compliance as discussed in the Non-Compliance Conference that
4	took place on 06/25/2025. As a result of the non-compliance conference, the Licensee is placed on
5	frequent monitoring for a period of one (1) year. The LPA met with Kailey Vanderwall, Executive Director
6	(ED) and Ketmany Nantavong Health Servies Director and explained the reason for the visit.
7	
8	During today's visit, LPA focused on the physical plant / surrounding grounds.
9	
10	The LPA and ED toured the physical plant areas inside and outside to ensure there are no health and
11	safety hazards and facility is in compliance with Title 22 Regulations. The following was noted: The
12	facility is a double-story residence that consists of a memory care unit, and an assisted living unit. LPA
13	observed fire extinguishers throughout the facility, which were fully charged and last serviced on
14	02/27/2025. LPA observed all the required postings in the Activity Room near the entrance area, and
15	throughout the facility. The facility serves residents with dementia, the auditory alarms on the exit doors
16	were tested and functioned properly at the time of visit. Activities observed on both units.
17	
18	Common Areas: These included the beauty salon, library, activity room, theater, fitness center, bistro,
19	and dining areas in assisted living and memory care units. The common areas were checked for
20	cleanliness and furniture was checked for functionality during time of visit. Fireplaces were properly
21	screened. LPA observed designated storage / utility rooms with emergency food and water.
22	
23	Report Continued on LIC 809-C PAGE 2...
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez
NAME OF LICENSING PROGRAM ANALYST: Erica Mosley



DATE: 01/26/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/26/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION 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: OAKMONT OF RIVERPARK

FACILITY NUMBER: 565850168

VISIT DATE: 01/26/2026

NARRATIVE	
1 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	<p>(PAGE 2) Report Continued from LIC 809-C...</p> <p>Surrounding Grounds (Outdoors): The LPA observed appropriate outdoor furniture, with a covered shaded area for residents in both, the memory care unit courtyard and the assisted living courtyard. Parking is available for residents and visitors.</p> <p>Bedrooms: There are eighty -six (86) total apartments in the facility, fifty-nine (59) assisted living of which ten (10) are open studios, twenty-three (23) are one bedrooms, fifteen (15) are two (2) bedrooms, and eleven (11) studios with a double occupancy in the two (2) bedrooms, one (1) bedrooms, and open studios with a one hundred and seven (107) capacity. There are twenty-seven (27) apartments in memory care of which twenty one (21) are studios and six (6) are one (1) bedrooms with a double occupancy in the open studios, and one (1) bedrooms with a capacity of thirty- three (33) with a total capacity of one hundred and forty (140) in all. They are approved for eight (8) bedridden residents, and have a hospice waiver for fifteen (15). LPA observed ten (10) randomly selected resident bedrooms, (105, 107, 201, 243, 240, 229, 110, 114, 125A, 125B) of which six (6) in assisted living and four (4) in memory care. All resident bedrooms were properly furnished with at least one chair, nightstand, and sufficient lighting for each resident. The bedrooms had appropriate and adequate bedding and linens such as sheets, pillowcases, mattress pads, and blankets. All passageways were observed to be clear of obstructions.</p> <p>Restrooms: Resident restrooms appeared clean, sanitary and in operating condition with grab bars and to be equipped with a slip resistant surface / mat. The restrooms were sufficiently stocked with supplies and paper towels. Towels and washcloths are not shared among the rooms. The hot water temperature was measured and ranged between 105.3 - 110.0 degrees Fahrenheit all within the required range.</p> <p>Kitchen: The kitchen appeared clean and the appliances and fixtures functional. LPA observed a sufficient amount of perishable and non-perishable food at the facility. Food is prepared based on the menu. Snacks and beverages are available for residents in the dining area. Knives are stored and inaccessible to residents. Refrigerator and food pantry were checked for proper labels and expiration dates.</p> <p>Documents: Documents obtained during the visit include: Facility / Staff roster and a Resident roster.</p> <p>No citations issued. Exit interview conducted. Copy of report reviewed and provided.</p>

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez	
NAME OF LICENSING PROGRAM ANALYST: Erica Mosley	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/26/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 01/26/2026