

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 565850169  
Report Date: 02/19/2025  
Date Signed: 02/19/2025 11:13:06 AM

### Unsubstantiated

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>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/19/2024** and conducted by Evaluator Martha Arroyo

	<b>COMPLAINT CONTROL NUMBER: 29-AS-20240719171036</b>
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<b>FACILITY NAME:</b> OAKMONT OF CAMARILLO	<b>FACILITY NUMBER:</b> 565850169
<b>ADMINISTRATOR:</b> FOERSCHNER, BRADLEE	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 305 DAVENPORT STREET	<b>TELEPHONE:</b> (805) 738-3600
<b>CITY:</b> CAMARILLO	<b>STATE:</b> CA
<b>CAPACITY:</b> 150	<b>ZIP CODE:</b> 93012
	<b>CENSUS:</b> 81
	<b>DATE:</b> 02/19/2025
	<b>UNANNOUNCED TIME BEGAN:</b> 09:10 AM
<b>MET WITH:</b> Jenay Turgeon - Business Office Director	<b>TIME COMPLETED:</b> 11:15 AM

#### ALLEGATION(S):

1	Facility staff speaks inappropriately to residents.
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#### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA), Martha Arroyo conducted a subsequent visit to the facility to issue
2	findings for the above allegation. The initial visit was conducted on 07/26/2024 by LPA Z. Chochian and a
3	subsequent visit was conducted on 01/21/2025 by LPA M. Arroyo. During today's visit, the LPA met
4	Business Office Director, Jenay Turgeon. Entrance interview.
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6	During the initial visit on 07/26/2024, LPA Chochian requested and obtained copies of pertinent
7	documents. On 01/21/2025, LPA Arroyo conducted interviews with four staff and six residents between
8	10:50am and 1:00pm and obtained copies of pertinent documents relevant to the investigation.
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10	Report Continued on LIC 9099C...
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**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Desaree Perera  
**NAME OF LICENSING PROGRAM ANALYST:** Martha Arroyo  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 02/19/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/19/2025

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-20240719171036

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

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** OAKMONT OF CAMARILLO

**FACILITY NUMBER:** 565850169

**VISIT DATE:** 02/19/2025

### NARRATIVE

1 Report Continued from LIC 9099...

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3 It was alleged that facility staff speaks inappropriately to residents. It was reported that staff is bullying  
4 residents by intimidation, foul language and threats, and has created an unsafe environment for  
5 residents. Interviews conducted with residents revealed that the staff is friendly and pleasant whenever  
6 they assist. Residents mentioned that staff greet them and all other residents when passing through the  
7 common areas and are always ready to help if needed. Additionally, residents stated that they have  
8 never witnessed or heard staff using inappropriate language when interacting with other residents or  
9 staff, and they have not observed any instances of staff being rude or disrespectful. Furthermore,  
10 residents reported having no concerns about living at the facility. Based on interviews conducted with  
11 residents, the Department has insufficient evidence to support the allegation of "facility staff speaks  
12 inappropriately to residents". Therefore, this allegation is deemed UNSUBSTANTIATED at this time.

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14 Exit interview conducted. Report was reviewed and copy issued.

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**NAME OF LICENSING PROGRAM MANAGER:** Desaree Perera  
**NAME OF LICENSING PROGRAM ANALYST:** Martha Arroyo  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 02/19/2025

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/19/2025