

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 565850169
Report Date: 01/29/2026
Date Signed: 01/29/2026 12:35:57 PM

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/20/2026** and conducted by Evaluator Martha Arroyo

	COMPLAINT CONTROL NUMBER: 29-AS-20260120140611
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FACILITY NAME: OAKMONT OF CAMARILLO	FACILITY NUMBER: 565850169
ADMINISTRATOR: FOERSCHNER, BRADLEE	FACILITY TYPE: 740
ADDRESS: 305 DAVENPORT STREET	TELEPHONE: (805) 738-3600
CITY: CAMARILLO	ZIP CODE: 93012
CAPACITY: 150	DATE: 01/29/2026
MET WITH: Mark Cortes	UNANNOUNCED TIME BEGAN: 10:00 AM
	TIME COMPLETED: 01:00 PM

ALLEGATION(S):

1	Facility is in disrepair.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA), Martha Arroyo conducted an initial complaint visit to investigate the allegation noted above. Upon arrival, the LPA met with Executive Director (ED), Mark Cortes, and the reason for the visit was explained. Entrance interview.
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5	During today's visit, approximately between 10:00am and 11:30am, the LPA along with the ED conducted a brief plant tour, conducted interviews with two staff members, and obtained copies of pertinent documents relevant to the investigation.
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9	Report Continued on LIC 9099C...
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Desaree Perera
LICENSING EVALUATOR NAME: Martha Arroyo
LICENSING EVALUATOR SIGNATURE:

DATE: 01/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/29/2026

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-20260120140611

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: 01/29/2026

NARRATIVE

1 Report Continued from LIC 9099...

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It was alleged that facility is in disrepair. It was reported that the main elevator near the front lobby had been out of service since 12/20/2025 and that the facility did not order the replacement part needed to repair the elevator in a timely manner. Records reviewed and interviews conducted revealed that the elevator went out of service on Friday, 12/12/2025. A service technician from the vendor, TK Elevator, inspected the elevator on the next business day, Monday, 12/15/2025. On 12/16/2025, the facility contacted the vendor to inquire about the status of the repair. At that time, the facility was informed that the required part—hydraulic packing—would be ordered and that a repair crew would be scheduled to complete the work. Although the necessary part was ordered shortly after the technician evaluated the issue, the delivery of the part and completion of the repair took longer than anticipated. A review of communication records with the vendor confirmed that the part has now been received and that a repair crew is scheduled to complete the repair on 01/30/2026 between 6:00 a.m. and 8:00 a.m. Furthermore, the facility consistently contacted the vendor throughout the process to request updates. During this time, one (1) additional elevator remained fully operational and available for use by residents and staff at all times while the main elevator was out of service. Based on the information obtained and reviewed, the Department has insufficient evidence to support the allegation of “facility is in disrepair”. Therefore, this allegation is deemed Unsubstantiated at this time.

Exit interview. A copy of the report was provided.

SUPERVISORS NAME: Desaree Perera
LICENSING EVALUATOR NAME: Martha Arroyo
LICENSING EVALUATOR SIGNATURE:

DATE: 01/29/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/29/2026

LIC9099 (FAS) - (06/04)

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