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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 565850609
Report Date: 08/18/2026
Date Signed: 08/18/2026 03:20:56 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES** **COMMUNITY CARE LICENSING DIVISION** **CCLD Regional Office, 21731 VENTURA BLVD. #250** **WOODLAND HILLS, CA** 91364

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/27/2026** and conducted by Evaluator Martha Arroyo

COMPLAINT CONTROL NUMBER: 29-AS-20260727122539

FACILITY NAME:	JM'S RESIDENTIAL CARE HOME			**FACILITY NUMBER:**	565850609
ADMINISTRATOR:	OHIDE, RODOLFO			**FACILITY TYPE:**	740
ADDRESS:	904 L STREET			**TELEPHONE:**	(805) 202-9208
CITY:	OXNARD	**STATE:** CA		**ZIP CODE:**	93030
CAPACITY:	6	**CENSUS:** 4		**DATE:**	08/18/2026
		UNANNOUNCED		**TIME BEGAN:**	03:00 PM
MET WITH:	Elizabeth Galang - Administrator			**TIME COMPLETED:**	03:45 PM

ALLEGATION(S):

1	Staff do not respond to resident's calls for assistance in a timely manner
2	Staff do not ensure resident's toileting needs are met
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Martha Arroyo conducted a subsequent complaint visit to the above
2	facility. The purpose of the visit is to deliver findings for the above allegations. The initial complaint visit
3	was conducted on 07/30/2026 by LPA M. Arroyo. On today's visit, the LPA met with Administrator,
4	Elizabeth Galang. Entrance interview.
5	
6	During the initial visit on 07/30/2026, between 09:35 a.m. and 11:15 a.m., the LPA along with the
7	Administrator toured the facility, conducted interviews with one staff member and four residents,
8	conducted a resident file review 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:**

SUPERVISORS NAME: Desaree Perera
LICENSING EVALUATOR NAME: Martha Arroyo
LICENSING EVALUATOR SIGNATURE:
DATE: 08/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/18/2026

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

Control Number 29-AS-20260727122539

FACILITY NAME: JM'S RESIDENTIAL CARE HOME **FACILITY NUMBER:** 565850609
VISIT DATE: 08/18/2026

NARRATIVE

Report Continued from LIC 9099...

It was alleged that staff do not respond to resident's calls for assistance in a timely manner. It was reported that Resident #1 (R1) does not get attended on a regular basis and staff takes a long time to assist them. Information gathered during the course of the investigation revealed that all residents have access to a call button to request assistance when needed. However, some residents prefer to call out to staff rather than use their call button. During interviews, staff reported that they respond to residents' requests for assistance as soon as possible, although sometimes they may be delayed when both staff members are assisting other residents. Interviews conducted with residents confirmed that staff respond whenever assistance is requested. Residents stated that although staff may sometimes be busy assisting other residents, staff generally arrive shortly after they press their call button. Residents further reported that they have never waited longer than ten (10) minutes for assistance while residing at the facility. Additionally, during interviews, R1 stated that staff check on them whenever they call for assistance and residents did not express any concerns regarding staff while living at the facility. Furthermore, the information obtained during the investigation did not include sufficient evidence to corroborate the allegation. Although the allegation may have happened or is valid, there is not sufficient evidence to prove the alleged violation did or did not occur, therefore the allegation is deemed **Unsubstantiated** at this time.

It was also alleged that staff do not ensure resident's toileting needs are met. It was reported that R1 uses a diaper instead of being assisted to the restroom by staff. Record review of R1's Physician's Report, dated 01/13/2026, revealed that R1 requires assistance with bathing, dressing, and grooming; however, they are able to manage their own toileting needs. The report also indicates that R1 has bladder incontinence and motor impairments/paralysis due to neuropathy and weakness. Additionally, the report states that R1 is able to communicate effectively and follow instructions and directions. Interviews conducted with staff revealed that all residents are alert, conscious, and able to notify staff when they need their diapers changed. Staff reported that residents typically request assistance by either pressing their call button or calling out to staff. Interviews with residents revealed that when they need assistance using the restroom, staff escort them to the bathroom.

Report Continued on LIC 9099C...

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

Report Continued from LIC 9099C...

Residents further stated that staff change their diapers whenever requested and expressed no concerns regarding staff not meeting their toileting needs. Additionally, during an interview, R1 stated that although they would prefer to use the restroom instead of a diaper, they are unable to bear weight on their legs and are therefore unable to stand and use the toilet. R1 also stated that staff check and change their diaper whenever requested and reported that they have never been left in a soiled diaper due to staff neglect. Furthermore, the information obtained during the investigation did not provide sufficient evidence to corroborate the allegation. Although the alleged incident may have occurred or may be valid, there is insufficient evidence to determine whether the alleged violation did or did not occur. Therefore, the 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: 08/18/2026

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