

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 019201084
Report Date: 09/04/2025
Date Signed: 09/04/2025 02:57:22 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/27/2025** and conducted by Evaluator Gregory Clark

	COMPLAINT CONTROL NUMBER: 15-AS-20250327161639
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FACILITY NAME: OAKMONT OF MARINER POINT	FACILITY NUMBER: 019201084
ADMINISTRATOR: HAN, MINDY M	FACILITY TYPE: 740
ADDRESS: 2400 MARINER SQUARE DRIVE	TELEPHONE: (510) 347-5959
CITY: ALAMEDA	STATE: CA
CAPACITY: 80	ZIP CODE: 94502
	CENSUS: 43
MET WITH: Juan Ferrel, Interim Administrator	DATE: 09/04/2025
	UNANNOUNCED TIME BEGAN: 11:00 AM
	TIME COMPLETED: 12:00 PM

ALLEGATION(S):

1	Resident sustained unexplained laceration
2	Staff did not seek timely medical treatment for resident
3	Staff are not providing adequate assistance to resident during feeding times
4	Staff are not properly supervising residents who may be a fall risk
5	Staff are not meeting residents dietary needs
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 9/04/2025 at 1:30 PM Licensing Program Analyst (LPA) Greg Clark arrived unannounced to deliver
2	findings for the above complaint. LPA met with Juan Ferrel, Interim Administrator and explained the
3	purpose of the visit.
4	
5	During the course of the investigation LPA interviewed W1, W2, S1 and S2. There were no other staff
6	available to interview that were employed at the facility during R1's time there. LPA was unable to
7	interview R1 as she had passed away.
8	
9	R1 was admitted to the facility on 6/10/24 into the Assisted Living part of the facility. On 9/24/24 R1 was
10	moved to the Memory Care side of the facility due to complications due to a fall. (LPA did receive LIC624
11	for this incident) From that time forward there were 3 more moves between Memory Care and Assisted
12	Living.
13	***report continues on LIC9099C***

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Gregory Clark

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/04/2025

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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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, STE. 310
OAKLAND, CA 94612

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: OAKMONT OF MARINER POINT

FACILITY NUMBER: 019201084

VISIT DATE: 09/04/2025

NARRATIVE

1 ***report continues from LIC9099***

2
3 On 11/21/24 R1 was placed on Hospice and on 2/19/25 R1 moved to Memory Care for the last time. R1 was
4 discharged from the facility on 3/17/25 to a 6 bed RCFE operated by W1. S1, S2 and W2 all stated that R1's health
5 was in decline during her time at the facility.
6

7 Allegation: Resident sustained unexplained laceration

8
9 W1 was concerned about the open sores on R1's heels and considered them to be a laceration. W2 stated that staff
10 were monitoring the condition of R1's heels on a daily basis. Staff would try to get R1 to lie in bed with her feet
11 elevated so the heels were not in contact with the bed sheets, but she often refused. W2 also stated that she would
12 not consider the sores on R1's feet to be unexplained laceration.
13

14 Allegation: Staff did not seek timely medical treatment for resident

15
16 W1 had no specific information regarding this allegation stating that she "had a feeling" that the residents at the
17 facility were being neglected and that it should be investigated. During the time period outlined in the complaint
18 R1 was on Hospice and receiving regular visits from the Hospice nurse (W2). W2 stated that she was in contact
19 with R1's physician as needed and felt that R1 received all the medical care she needed in a timely manner.
20

21 Allegation: Staff are not providing adequate assistance to resident during feeding times

22
23 W1 never observed R1 during mealtimes but did observe food on her mouth and clothing. S1 and S2 state that R1
24 would often refuse to eat or eat very little. LPA reviewed R1's care notes from January 2025 to March 15, 2025,
25 and saw several entries stating that "R1 didn't eat much," and "R1 refused breakfast."
26

27 Allegation: Staff are not properly supervising residents who may be a fall risk

28
29 W1 stated that on one of her visits to the facility she found R1 lying in bed with both legs hanging on the left side
30 of the bed with no supervision and the bedroom door shut. S2 stated that residents in the Memory Care Unit who
31 are identified as a fall risk are put on an increased level of supervision, these residents are checked hourly or more
32 as needed. R1 was considered a fall risk and care notes reviewed by LPA document that staff were checking on R1
on a regular and routine basis and would occasionally find R1 trying to get out of her bed or wheelchair in the
same manner as described above.

report continues on LIC9099C

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Gregory Clark

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____ DATE: 09/04/2025

Control Number 15-AS-20250327161639

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
**COMPLAINT INVESTIGATION REPORT
(Cont)**

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1515 CLAY STREET, STE. 310
OAKLAND, CA 94612

FACILITY NAME: OAKMONT OF MARINER POINT

FACILITY NUMBER: 019201084

VISIT DATE: 09/04/2025

NARRATIVE

1 ***report continues from LIC9099C***

2
3 Allegation: Staff are not meeting residents' dietary needs

4
5 W1 stated that between her visits to the facility it appeared that R1 had lost weight, and she
6 felt that the staff weren't monitoring R1 close enough during mealtimes to ensure that she
7 eats her food. W1 asked facility staff, names unknown, about R1's diet and staff replied that
8 R1 doesn't eat much and that they try their best, but they can't force her to eat. S2 stated that
9 R1 had a very poor appetite and that she often would refuse to eat. S2 also stated that staff
10 would offer R1 dietary supplement drinks which R1 would drink occasionally.
11
12

13
14 This agency has investigated the above complaints. We have found that the complaints are
15 unsubstantiated. Although the allegations may have happened or are valid, there is not a
16 preponderance of evidence to prove the alleged violations did or did not occur, therefore the
17 allegations are UNSUBSTANTIATED.
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19 Exit interview conducted, a copy of this report provided.
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NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Gregory Clark

LICENSING PROGRAM ANALYST SIGNATURE: _____ DATE: 09/04/2025

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FACILITY REPRESENTATIVE SIGNATURE: _____ DATE: 09/04/2025