

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 198603479
Report Date: 09/03/2025
Date Signed: 09/04/2025 09:03:40 AM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AC/SC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/13/2024** and conducted by Evaluator Tena Herrera

PUBLIC	COMPLAINT CONTROL NUMBER: 28-AS-20241113164508
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FACILITY NAME: OAKMONT OF WHITTIER	FACILITY NUMBER: 198603479
ADMINISTRATOR: RUNGE, ADRIANE	FACILITY TYPE: 740
ADDRESS: 13617 WHITTIER BLVD.	TELEPHONE: (562) 693-8222
CITY: WHITTIER	STATE: CA ZIP CODE: 90605
CAPACITY: 97	CENSUS: 68 DATE: 09/03/2025
MET WITH: Adriane Runge - Executive Director	UNANNOUNCED TIME BEGAN: 08:20 AM
	TIME COMPLETED: 09:15 AM

ALLEGATION(S):

1	Facility staff caused injuries to resident during a transfer.
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INVESTIGATION FINDINGS:

1	**This Report Supersedes the previous superseaded report dated 8/28/25 as LPA did not assess civil
2	penalties on the report and a copy of the 4211M will be provided during todays visit, additionally,
3	deficiencies issued on 12/18/24 and 8/28/25 are being dismissed, no additional changes have been
4	made to the report and findings remain the same**
5	Licensing Program Analyst (LPA) Tena Herrera conducted an unannounced subsequent compliant visit
6	LPA met with Adriane Runge and explained the purpose for todays visit.
7	The investigation consisted of the following:
8	During initial visit dated 11/14/24 LPA obtained copies of Staff and Resident Roster, and obtained copies
9	of medical documents and current incident report from Resident #1's file, due to time constraints the
10	allegation needed further investigation. On 12/28/24 LPA obtained copies of Staff and Resident Roster,
11	interviewed 6 Staff (S1-S6) and 10 Residents (R1-R10), Reviewed Training and Participants for proper
12	use of Hoyer Lift, toured R1-R4's rooms and S4 demonstrated each Hoyer Lift.
13	(continued on LIC9099-C)

Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: David Sicairos

NAME OF LICENSING PROGRAM ANALYST: Tena Herrera

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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Control Number 28-AS-20241113164508

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
GREATER LA AC/SC, 1000 CORPORATE CNTR
DR. ST 500
MONTEREY PARK, CA 91754

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: OAKMONT OF WHITTIER

FACILITY NUMBER: 198603479

VISIT DATE: 09/03/2025

NARRATIVE

- 1 The Investigation Revealed the Following:
- 2 **Allegation: Facility staff caused injuries to resident during a transfer.**
- 3 It is alleged that R1 sustained injuries to their head during a transfer using a Hoyer Lift, that was
- 4 assisted by S2 and S3. LPA conducted interviews with staff and 3 out of 6 staff confirmed the above
- 5 allegation. S2 and S3 both confirmed the above allegation and stated that when they were using the
- 6 hoyer lift, it was giving them trouble, the wheels got stuck and R1 landed on their bed from the hoyer lift.
- 7 Part of the hoyer lift, grazed R1's forehead and R1 landed on her pillow, moments later blood was
- 8 observed on the pillow and it was seen that R1 had an injury to the back of their head, 911 was called
- 9 immediately. LPA reviewed in-service training for staff on usage of hoyer lift and it was explained to LPA
- 10 by S1 that there is no documentation or proof that training prior to this incident was held. Since incident
- 11 there have been 2 in-service training's dated 11/27/2024 and 12/4/2024, during staff interviews it was
- 12 revealed that S6 has not received training for the hoyer lift and use the hoyer lift to assist residents with
- 13 transfers. LPA interviewed residents and 8 out of 10 residents denied the allegation and stated they
- 14 have never sustained injuries while being assisted nor have the witnessed/heard of any other resident
- 15 sustaining an injury while being provided assistance/transfer. 2 of the 10 residents interviewed have a
- 16 cognitive impairment that did not allow for successful interview.
- 17
- 18 Based on observations and interviews which were conducted and record review, the preponderance of
- 19 evidence standard has been met, therefore the above allegation is found to be **SUBSTANTIATED**.
- 20 California Code of Regulations, Title 22, Division 6 and Chapter 1 are being cited on the attached LIC
- 21 9099D.
- 22
- 23 **Immediate Civil Penalties will be issued today, in the amount of \$500.00 due to Staff caused**
- 24 **serious injury to resident.**
- 25
- 26 **At this time an Enhanced Civil Penalty (ECP) determination is pending in reference to Health and**
- 27 **Safety Code 87468.1(a)(2) and may be assessed at a later date.**
- 28
- 29
- 30 Exit interview held and a copy of this report, appeal rights and civil penalty assessment were emailed to
- 31 Adriane Runge - Executive Director.
- 32

NAME OF LICENSING PROGRAM MANAGER: David Sicairos

NAME OF LICENSING PROGRAM ANALYST: Tena Herrera

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

LIC9099 (FAS) - (06/04)

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Control Number 28-AS-20241113164508

**COMPLAINT INVESTIGATION REPORT
 (Cont)**

FACILITY NAME: OAKMONT OF WHITTIER

FACILITY NUMBER: 198603479

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 09/03/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/05/2025 Section Cited CCR 87468.1(a)(2)	1 87468.1 Personal Rights of Residents 2 in All Facilities (a) Residents in all 3 residential care facilities for the elderly 4 shall have all of the following personal 5 rights: (2) To be accorded safe, 6 healthful and comfortable 7 accommodations, furnishings and equipment. This requirement was not met as evidence by:	1 This POC was already previously 2 corrected as LPA received a copy of the 3 in-service training information for staff 4 that need training in Hoyer Lift, training 5 is scheduled for 12/20/24 and 1/17/25 6 LPA received signatures of staff that 7 have completed the training.
	8 Resident #1 (R1) sustained injuries to 9 their head on 11/11/2024 during staff 10 assistance with a transfer using a hoyer 11 lift. R1 head laceration (J staples), and 12 a large scalp hematoma as a result. 13 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER: David Sicairos NAME OF LICENSING PROGRAM ANALYST: Tena Herrera LICENSING PROGRAM ANALYST SIGNATURE:		DATE: 09/04/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 09/04/2025