

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 216804022
Report Date: 04/16/2025
Date Signed: 04/16/2025 04:10:18 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
FACILITY EVALUATION REPORT	

FACILITY NAME: OAKMONT OF NOVATO	FACILITY NUMBER: 216804022
ADMINISTRATOR/PINKNEY, KIMARI DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 1465 S. NOVATO BLVD.	TELEPHONE: (628) 215-1200
CITY: NOVATO	STATE: CA ZIP CODE: 94947
CAPACITY: 118	CENSUS: 92 DATE: 04/16/2025
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION 09:10 AM
MET WITH: Scott Davis, Executive Director	BEGAN: TIME VISIT/ INSPECTION 04:25 PM
	COMPLETED:

NARRATIVE	
1	04/16/2025, Licensing Program Analyst (LPA) Loera conducted an unannounced Annual Required – 1
2	yr. inspection visit for this facility. Facility has an emergency disaster plan as required. Facility has an
3	infection control plan as required. There are currently 92 residents in care.
4	
5	LPA started annual inspection with record reviews, and conducted a review of 8 resident records. 2 out
6	of 8 resident records need an updated LIC602 (physician's report) (Technical Violation). LPA
7	conducted review of 8 staff records/training. Upon a review of staff records, LPA found all staff to have
8	required annual and initial training. LPA observed 7 out of 8 staff to not have current 1st Aid & CPR
9	certification on file (Deficiency Cited).
10	
11	LPA and Executive Director toured the building and grounds. The facility was found to be at a
12	comfortable temperature. LPA observed a 2 day supply of perishable and 7 day supply of non-
13	perishable food. Refrigerated food was found to be stored in a safe manner being labeled and dated.
14	Facility has snacks/fruit available for residents. Food is available to residents throughout the day.
15	
16	All rooms were furnished per regulation. All rooms were in good repair. Extra hygiene products and
17	linens were available. Water temperature in sinks accessible to residents in care were measured at
18	114.4, 112.2 and 110.8 degrees F which is within the range of 105 to 120 degrees F. Fire extinguishers
19	were last inspected 09/2024. Facility has combination smoke and carbon monoxide detectors as well as
20	a sprinkler system that is serviced by an outside vendor. Facilities last emergency/fire drill was
21	conducted 02/20/2025.
22	
23	
24	continued on LIC809-C
25	

NAME OF LICENSING PROGRAM MANAGER: Kimberley Mota

NAME OF LICENSING PROGRAM ANALYST: Anthony Loera

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/16/2025

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a

deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

LIC809 (FAS) - (09/23)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405

FACILITY NAME: OAKMONT OF NOVATO

FACILITY NUMBER: 216804022

VISIT DATE: 04/16/2025

NARRATIVE	
1	Medications were found to be centrally stored. LPA conducted spot medication count and found
2	prescription medication to be properly recorded on the Centrally Stored Medication Record.
3	
4	Deficiencies are cited from the California Code of Regulations (CCRs), and/or the Health and Safety
5	Code. Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date,
6	may result in a civil penalty assessment.
7	
8	Updated copies of the following documents were requested for facility file and are to be
9	submitted to CCL by 05/17/2025:
10	
11	LIC500- Personnel Report
12	LIC308- Designation of Responsibility
13	Updated liability Insurance
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15	
16	Exit interview conducted. Copy of report, LIC9099D (Deficiency Page), Plan of Corrections, and Appeal
17	Rights discussed and provided to Executive Director.
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NAME OF LICENSING PROGRAM MANAGER: Kimberley Mota	
NAME OF LICENSING PROGRAM ANALYST: Anthony Loera	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/16/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/16/2025

LIC809 (FAS) - (06/04)

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Citations on this Visit Report are Under Appeal!

Created By: Anthony Loera On 04/16/2025 at 02:31 PM
 Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
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FACILITY NAME: OAKMONT OF NOVATO

FACILITY NUMBER: 216804022

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/16/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Under Appeal	Type A	Section Cited	HSC	1569.618(c)(3)	
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(c) The facility shall employ, and the administrator shall schedule, a sufficient number of staff members to do all of the following: (3) Ensure that at least one staff member who has cardiopulmonary resuscitation (CPR) training and first aid training is on duty and on premises at all times. This paragraph shall not be construed to require staff to provide CPR.

This requirement is not met as evidenced by:

Deficient Practice Statement

1	Based on record review, the licensee did not comply with the section cited above. 7 out of 8 staff members did not have current first aid certification on file, which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	

POC Due Date: 04/17/2025

Plan of Correction

1	Licensee to submit proof of scheduled training with vendor for First-Aid/CPR certification for S1, S2, S3, S4, S5, S6, and S7. Licensee to provide training date to CCL by POC due date, 04/17/2025. Licensee to submit proof of First-Aid/CPR certificates to CCL by 04/25/2025.
2	
3	
4	

		Section Cited			
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Deficient Practice Statement

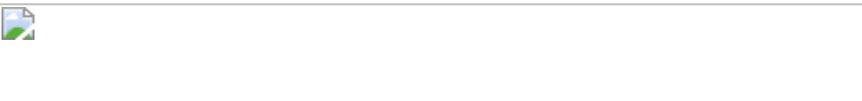
1	
2	
3	
4	

POC Due Date:

Plan of Correction

1	
2	
3	
4	

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:	Kimberley Mota
NAME OF LICENSING PROGRAM ANALYST:	Anthony Loera
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 04/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/16/2025