

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306006005
Report Date: 05/06/2022
Date Signed: 05/06/2022 03:38:04 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/03/2021** and conducted by Evaluator Jenifer Tirre

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20211203145738
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FACILITY NAME: OAKMONT OF HUNTINGTON BEACH	FACILITY NUMBER: 306006005
ADMINISTRATOR: YOUNAN, HEATHER	FACILITY TYPE: 740
ADDRESS: 18922 DELAWARE STREET	TELEPHONE: (657) 204-4600
CITY: HUNTINGTON BEACH	STATE: CA ZIP CODE: 92648
CAPACITY: 111	CENSUS: 68 DATE: 05/06/2022
MET WITH: Administrator, Sandra Acosta-Louer	UNANNOUNCED TIME BEGAN: 02:50 PM
	TIME COMPLETED: 03:50 PM

ALLEGATION(S):

1	Resident sustained injuries while in care.
2	Facility is not providing appropriate assistance for resident's multiple falls.
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4	
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6	
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9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Jenifer Tirre made an unannounced visit to the facility for the purpose
2	of delivering the findings for the above allegations.
3	
4	On 12/03/2021, The Department received allegations of Resident sustained injuries while in care and
5	Facility is not providing appropriate assistance for resident's multiple falls. The investigation consisted of
6	pertinent documents and interviews. The investigation was conducted by the Department and revealed
7	the following:
8	
9	Resident 1 (R1) moved into the facility on 11/7/2021 from residing in their home with a private caregiver
10	while being provided 24 hour care. After being admitted to facility R1 had multiple falls within a period of
11	3 weeks and sustained a wrist fracture. Multiple staff interviews and R1's care notes have revealed that
12	on 11/20/21 R1 was found sitting on the floor of their room with discoloration on the back of their head.
13	
CONTINUED ON LIC 809C	

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST: Jenifer Tirre
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/06/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/06/2022

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

LIC9099 (FAS) - (06/04)

Page: 1 of 2

Control Number 22-AS-20211203145738

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: OAKMONT OF HUNTINGTON BEACH

FACILITY NUMBER: 306006005

VISIT DATE: 05/06/2022

NARRATIVE

1 Per Oakmont of Huntington Beach Resident Care Notes for R1, staff noted on 11/30/2021 staff called
2 911 Emergency services and R1 was transported to Orange Coast Memorial Medical Center and was
3 discharged back to facility same day. On 12/1/2021 at approximately 6:30 am, Staff 1 (S1), found R1 to
4 be sitting on the floor next to their bed and noted to be in no pain. A couple hours later at approximately
5 8:30 am, S1 discovered R1 sitting on their bathroom floor with pain upon movement in which staff called
6 911. Per investigation interviews and resident care notes R1's family was contacted and R1 was
7 transported to Orange Coast Memorial Medical Center. R1 was discharged back to facility same day
8 with hard cast on left hand as indicated by Oakmont Resident care notes dated on 12/01/2021. R1 had
9 a soft cast from a previous visit (on 11/30/2021) in which staff observed R1 become agitated and
10 remove the soft cast. During the process, R1 lost their balance which was cause for R1's Physician to
11 place a hard cast on R1 as indicated in interviews with staff 1 and Staff 2.
12
13 Staff interviews reported that they began checking on R1 every 30 to 45 minutes to ensure that R1 was
14 not on floor or attempting to leave their bed unassisted. During R1's hospitalization at Orange Coast
15 Memorial Medical Center dated 12/01/2021 the Emergency Room attending Physician consulted with
16 R1's Primary Care Physician (PCP) in recommending that R1 be admitted to a skilled nursing facility to
17 obtain level of care needed. R1's family declined recommendation and requested that R1 be sent back
18 to facility. Upon return to the facility, the facility provided a 1:1 caregiver for R1 until R1's family could
19 find a private caregiver. Executive Director stated that Family of R1 found a private care companion to
20 stay with R1 to keep R1 from wandering and reduce risk of falls. It was reported that facility Care staff
21 continues to check in on R1 every 2 to 4 hours and provides services. 6 out of 6 staff interviewed
22 confirmed that R1 was doing better with private care companion who is providing 1:1 24 hour care to
23 R1. Since care companion has been with R1, staff have stated that no recent falls have been reported.
24 R1's family stated they are satisfied with the care and services the facility is providing R1.
25
26 Facility reported to family incidents, falls and provided medical treatment when necessary. In addition,
27 Oakmont staff reported concerns to Medical professional informing Physician of R1's status. Therefore
28 based on interviews conducted and documents reviewed, the Department has found that the allegations
29 to be UNSUBSTANTIATED meaning although the allegation may have happened or is valid, there is no
30 preponderance of evidence to prove the alleged violation did or did not occur.
31
32 An exit interview was conducted with Administrator and a copy of this report along with copy of LIC 811
was left at facility.

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST: Jenifer Tirre
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/06/2022

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/06/2022