

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 315002955
Report Date: 05/15/2025
Date Signed: 05/15/2025 10:30:23 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/30/2025** and conducted by Evaluator Cassandra Mikkelson

	COMPLAINT CONTROL NUMBER: 59-AS-20250430085814
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FACILITY NAME: OAKMONT OF WESTPARK	FACILITY NUMBER: 315002955
ADMINISTRATOR: FLECK, BARBARA	FACILITY TYPE: 740
ADDRESS: 2400 PLEASANT GROVE BLVD.	TELEPHONE: (916) 545-8904
CITY: ROSEVILLE	STATE: CA ZIP CODE: 95747
CAPACITY: 142	CENSUS: 98 DATE: 05/15/2025
MET WITH: Barbara Fleck, Executive Director	UNANNOUNCED TIME BEGAN: 10:10 AM
	TIME COMPLETED: 10:40 AM

ALLEGATION(S):

1	Staff did not ensure resident's incontinence care needs were properly met
2	Facility has insufficient staff to meet the care needs of residents in care
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensed Program Analyst (LPA) Cassandra Mikkelson arrived at the facility unannounced and met with
2	Administrator Barbara Fleck to deliver findings for the above complaint allegation.
3	
4	During the investigation, LPA conducted interviews, conducted a tour of the facility, and reviewed
5	documentation pertinent to the investigation.
6	
7	The results of the investigation are as follows:
8	
9	*** Report continued on 9099-C***
10	
11	
12	
13	

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Laura Munoz
NAME OF LICENSING PROGRAM ANALYST: Cassandra Mikkelson
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/15/2025

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 4

Control Number 59-AS-20250430085814

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100
SACRAMENTO, CA 95827

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: OAKMONT OF WESTPARK

FACILITY NUMBER: 315002955

VISIT DATE: 05/15/2025

NARRATIVE

- 1 Staff did not ensure resident's incontinence care needs were properly met
- 2
- 3 In review of records and interviews, care staff were ensuring that resident (R1) was being checked on or
- 4 being changed every two (2) hours R1's needs and service plan. According to R1's assessment
- 5 completed on December 12, 2024, staff were responsible to "assist with toileting according to schedule,
- 6 need and requests". Based on records reviewed and interviews, care staff ensured that R1's
- 7 incontinence care needs were appropriately met.
- 8
- 9 Facility has insufficient staff to meet the care needs of residents in care-
- 10
- 11 Interviews indicate that there is sufficient staffing to meet the care needs of the residents. Staff are able
- 12 to address resident needs in an efficient and timely manner. Observations indicate that staff are
- 13 available to ensure that residents needs are being addressed either by seeing a need or the call button
- 14 system.
- 15
- 16 Based on interviews conducted, observations, and records reviewed, the preponderance of evidence
- 17 standards have not been met. Therefore, the above allegations are found to be UNSUBSTANTIATED. A
- 18 finding that a complaint allegation is unsubstantiated means that, although the allegation may have
- 19 happened or is valid, there is not a preponderance of the evidence to prove that the alleged violation
- 20 occurred.
- 21
- 22 Exit interview was conducted with Administrator. A copy of this report was provided. Signature on these
- 23 forms acknowledges receipt of these documents.
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32

NAME OF LICENSING PROGRAM MANAGER: Laura Munoz
NAME OF LICENSING PROGRAM ANALYST: Cassandra Mikkelson
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/15/2025

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/30/2025** and conducted by Evaluator Cassandra Mikkelson

COMPLAINT CONTROL NUMBER: 59-AS-
20250430085814

FACILITY NAME: OAKMONT OF WESTPARK**FACILITY NUMBER:** 315002955**ADMINISTRATOR:** FLECK, BARBARA**FACILITY TYPE:** 740**ADDRESS:** 2400 PLEASANT GROVE BLVD.**TELEPHONE:** (916) 545-8904**CITY:** ROSEVILLE**STATE:** CA**ZIP CODE:** 95747**CAPACITY:** 142**CENSUS:** 98**DATE:** 05/15/2025

UNANNOUNCED

TIME BEGAN: 10:10 AM**MET WITH:** Barbara Fleck, Executive Director**TIME****COMPLETED:** 10:40 AM**ALLEGATION(S):**

- | | |
|---|--|
| 1 | Staff did not follow resident's physician orders |
| 2 | Staff mismanaged resident's medications |
| 3 | Staff did not issue refund to resident's authorized representative |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
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INVESTIGATION FINDINGS:

- | | |
|----|---|
| 1 | Licensed Program Analyst (LPA) Cassandra Mikkelson arrived at the facility unannounced and met with |
| 2 | Administrator Barbara Fleck to deliver findings for the above complaint allegation. |
| 3 | |
| 4 | During the investigation, LPA conducted interviews, conducted a tour of the facility, and reviewed |
| 5 | documentation pertinent to the investigation. |
| 6 | |
| 7 | The results of the investigation are as follows: |
| 8 | |
| 9 | *** Report continued on 9099-C*** |
| 10 | |
| 11 | |
| 12 | |
| 13 | |

Unfounded**Estimated Days of Completion:****NAME OF LICENSING PROGRAM MANAGER:** Laura Munoz**NAME OF LICENSING PROGRAM ANALYST:** Cassandra Mikkelson**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 05/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 05/15/2025

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LIC9099 (FAS) - (06/04)

Page: 3 of 4

Control Number 59-AS-20250430085814

NARRATIVE

1 Staff did not follow resident's physician orders

2
3 Interviews with Executive Director (ED) and Health Services Director (HSD) indicated that the staff were
4 following correct procedures for Resident (R1) care needs according the R1's care needs assessment.
5 Review of R1's records indicated that R1 was receiving a re-assessment by HSD every six (6) months
6 to ensure accuracy of R1's care needs. In records reviewed, care staff and med-techs were following
7 physician's orders that were sent to facility.

8
9 Staff mismanaged resident's medications

10
11 Review of facility's medication room indicated that medications were organized and free of clutter. In
12 review of Medication Administration Record (MAR) for three (3) residents, medications are being
13 dispensed and given according to physician's orders on file. In review of Centrally Stored Medication
14 Record (CSMR) for three (3) residents, all medications were documents according to physician's orders
15 on file. Med- techs document each time a resident takes a medication, refused or not given for a specific
16 reason through the Electronic Medication Chart.

17
18 Staff did not issue refund to resident's authorized representative

19
20 Interview with Executive Director (ED) indicated that a refund was sent although Resident (R1)'s
21 responsible party did not provide a thirty (30) day notice to facility per the admission agreement signed
22 by R1's Power of Attorney (POA). R1's responsible party did not provide anything in writing, only
23 verbally, to facility stating R1 was moving out of the facility on 03/17/2025. Interviews indicated that R1's
24 responsible party came to facility on 03/17/2025 and started packing R1's belongings to move R1 from
25 facility with no notice to staff or the ED. In review of Resident R1's admission agreement, agreement
26 states that "if you move out without a thirty (30) day notice, you will be responsible for the amount of
27 your monthly fee through the date you move plus one full month's rent". The admission agreement was
28 signed by R1's power of attorney acknowledging the terms and agreements prior to moving in the
29 facility.

30
31 Based on records reviewed and interviews, LPA finds the above allegations to be UNFOUNDED-
32 meaning that the allegations were false, could not have happened and/or is without reasonable basis.
Exit interview conducted with the Administrator. Copy of report was given to facility.

NAME OF LICENSING PROGRAM MANAGER: Laura Munoz

NAME OF LICENSING PROGRAM ANALYST: Cassandra Mikkelson

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/15/2025

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FACILITY REPRESENTATIVE SIGNATURE:

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