

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 315002955
Report Date: 09/02/2026
Date Signed: 09/02/2026 02:40:54 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 2525 NATOMAS PARK DR STE 270 SACRAMENTO, CA 95833
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/14/2026** and conducted by Evaluator Bethany Mirlohi

	COMPLAINT CONTROL NUMBER: 59-AS-20260514173908
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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	ZIP CODE:	95747
CAPACITY:	142	DATE:	09/02/2026
	STATE: CA	UNANNOUNCED TIME BEGAN:	02:00 PM
	CENSUS: 97	TIME	03:00 PM
MET WITH:	Barbara Fleck, Administrator	COMPLETED:	

ALLEGATION(S):

1	Staff did not ensure that resident's call button is operable.
2	Staff did not provide comfortable accommodations for a resident in care.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Bethany Mirlohi arrived to deliver complaint findings. LPA met with
2	Administrator Barbara Fleck during today's investigation.
3	LPA investigated allegation, "Staff did not ensure that resident's call button is operable". Relevant party
4	indicated that R1's call button does not always work because staff at times do not respond. LPA
5	interviewed administrator in which she stated that R1 uses their call light frequently throughout the day
6	and it is recorded. R1 reported to administrator that one night their call light was not working.
7	Administrator reviewed the call light log and it did not show a call being initiated by R1. Administrator and
8	the ombudsman tested R1's call light, and it was found the first attempt of R1 pressing their pendent did
9	not work. Once administrator instructed R1 to press and hold the call light button until a beep sounded,
10	then R1 successfully used their pendent. LPA reviewed the call light log for R1 for the month of May and
11	found that R1 uses the call pendent frequently and it was in working order. Due to the information
12	gathered, LPA finds allegation to be unsubstantiated.
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Troy Ordonez	
LICENSING EVALUATOR NAME: Bethany Mirlohi	
LICENSING EVALUATOR SIGNATURE:	DATE: 09/02/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/02/2026

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 59-AS-20260514173908

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: OAKMONT OF WESTPARK	FACILITY NUMBER: 315002955
	VISIT DATE: 09/02/2026

NARRATIVE	
1	LPA investigated allegation, "Staff did not provide comfortable accommodations for a
2	resident in care". R1 indicated that their toilet seat is uncomfortable and pokes them.
3	LPA interviewed administrator in which she stated that R1 reported to her that the
4	toilet seat was uncomfortable and she sent maintenance to R1's room to look at the
5	issue. LPA interviewed a relevant party in which they stated R1 reported to them the
6	issue was fixed by the maintenance team. Due to the information gathered, LPA
7	finds allegation unsubstantiated.
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10	Although the allegations may have happened or are valid, there is not a preponderance of
11	evidence to prove that the alleged violations occurred, and the findings are unsubstantiated.
12	Copy of report provided.
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