

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342700751
Report Date: 01/15/2025
Date Signed: 01/15/2025 04:45:34 PM

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 **09/26/2024** and conducted by Evaluator Kevin Mknelly

PUBLIC	COMPLAINT CONTROL NUMBER: 59-AS-20240926163237
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FACILITY NAME: OAKMONT OF CARMICHAEL	FACILITY NUMBER: 342700751
ADMINISTRATOR: LUIS OLIVAS	FACILITY TYPE: 740
ADDRESS: 4717 ENGLE ROAD	TELEPHONE: (916) 483-3800
CITY: CARMICHAEL	STATE: CA
CAPACITY: 101	ZIP CODE: 95608
	CENSUS: 86
MET WITH: Caroline Frangieh, Executive Director	DATE: 01/15/2025
	UNANNOUNCED TIME BEGAN: 02:55 PM
	TIME COMPLETED: 04:50 PM

ALLEGATION(S):

1	-Staff did not assist residents with care needs in a timely manner.
2	-Staff did not ensure a comfortable environment was provided for residents.
3	-Staff spoke to residents in an inappropriate manner.
4	-Licensee did not ensure faucets for personal care delivered hot water.
5	-Staff did not ensure facility cleanliness was maintained.
6	-Staff were not adequately trained to care for residents with dementia.
7	-Staff did not adequately assist resident with repositioning.
8	-Staff did not provide quality food service to residents.
9	

INVESTIGATION FINDINGS:

1	On 1/15/25, Licensing Program Analyst (LPA) Kevin Mknelly conducted an unannounced complaint
2	investigation visit to deliver the findings for the above allegations and met with Executive Director.
3	
4	LPAs conducted 3 inspections of the facility, facility and resident records were reviewed and interviews
5	conducted of resident families, caregivers and managers.
6	LPA is unable to find and or meet the preponderance, per policy.
7	
8	Evidence available did not reveal unmet needs of residents in memory care in a timely manor. The
9	department conducted a review of memory care residents' service plans and care records and found
10	care provided for identified needs.
11	Regulation requires room temperatures be maintained by heating rooms that residents occupy to a
12	minimum of 68 degree F, (20 degrees C) and cool rooms to a comfortable range, between 78 degrees F
13	(26 degrees C) and 85 degrees F (30 degrees C). Inspections found that temperatures were maintained
	within required ranges when LPAs were present.

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty
NAME OF LICENSING PROGRAM ANALYST: Kevin Mknelly
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/15/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/15/2025

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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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 CARMICHAEL

FACILITY NUMBER: 342700751

VISIT DATE: 01/15/2025

NARRATIVE

1 The allegation that staff spoke to residents in an inappropriate manner lacked specific identification of
2 individuals or time period. Interviews conducted failed to reveal evidence to support this allegation.
3 Facility records and interviews found that a section of the building, far from the water heater, could at
4 times take time reach the required temperature range of 105-120' F. Records showed that a repair was
5 conducted to the water system within a reasonable time from when identified to when repaired.
6 Inspections of the facility by LPAs found areas inspected to be clean and odor free. The allegation of a
7 specific resident bathroom not cleaned between scheduled housekeeping was not able to be
8 substantiated as there were not supported observations or statements.
9 As a specific staff was not identified, a sample of staff training records were reviewed and found to meet
10 regulation training requirements. While training requirements also include demonstrated competency,
11 LPA referred to interview statements which did not reveal additional evidence.
12 That staff did not adequately assist resident with repositioning was reported based on an overheard
13 conversation. Without a specific resident or family member to interview, this allegation is
14 unsubstantiated.
15 Food supplies, menus and food safety were reviewed by inspection and found to meet requirements.
16 Interviews found that resident food preferences are acknowledged and that residents with food intake
17 issues are offered foods that which they are likely to eat and be assisted with intake as needed.
18
19 As a result of this investigation, LPA finds allegation to be (US)Unsubstantiated - A finding that the
20 complaint is Unsubstantiated means that although the allegation may have happened or is valid, there is
21 not a preponderance of the evidence to prove that the alleged violation occurred.
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23 Exit interview with administrator and report provided.
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NAME OF LICENSING PROGRAM MANAGER: Maribeth Senty
NAME OF LICENSING PROGRAM ANALYST: Kevin Mknelly
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/15/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/15/2025