

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342700751
Report Date: 12/16/2025
Date Signed: 12/16/2025 10:58:39 AM

Unfounded

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 **12/08/2025** and conducted by Evaluator Melissa Parks

PUBLIC	COMPLAINT CONTROL NUMBER: 59-AS-20251208131000
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FACILITY NAME: OAKMONT OF CARMICHAEL	FACILITY NUMBER: 342700751
ADMINISTRATOR: WHALEY, LYNDEE K.	FACILITY TYPE: 740
ADDRESS: 4717 ENGLE ROAD	TELEPHONE: (916) 483-3800
CITY: CARMICHAEL	ZIP CODE: 95608
CAPACITY: 101	DATE: 12/16/2025
MET WITH: Lyndee Whaley	UNANNOUNCED TIME BEGAN: 09:25 AM
	TIME COMPLETED: 11:30 AM

ALLEGATION(S):

1	Staff physically abused resident
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Melissa Parks arrived on Tuesday December 16, 2025, to conduct a
2	complaint investigation regarding the above allegation. LPA met with Administrator Lyndee and explained
3	the purpose of the visit.
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5	Throughout the course of the investigation, LPA interviewed management and staff regarding the
6	incident. LPA learned the following:
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8	On 11/28/2025, S1 and S2 were assisting R1 with morning care. As R1 was getting out of bed, R1
9	slapped and scratched S2. S1 let go of R1's arm. S2 was holding on to R1's arm and bracing the back of
10	their head so they wouldn't fall backwards. Staff were then later able to assist R1 with incontinence care,
11	dressing, and grooming.
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13	R1 has a diagnosis of dementia and a history of combative behavior.

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Maribeth Senty
LICENSING EVALUATOR NAME: Melissa Parks
LICENSING EVALUATOR SIGNATURE: _____
DATE: 12/16/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 12/16/2025

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 2
Control Number 59-AS-20251208131000

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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: OAKMONT OF CARMICHAEL
FACILITY NUMBER: 342700751
VISIT DATE: 12/16/2025

NARRATIVE

1	Based on the evidence provided, the preponderance of evidence standards was not met, therefore, the above allegation is found to be UNFOUNDED. An unfounded allegation means that the allegation was false, could not have happened and/or is without a reasonable basis. Exit interview conducted. A copy of this report was provided to the facility.
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SUPERVISORS NAME: Maribeth Senty
LICENSING EVALUATOR NAME: Melissa Parks
LICENSING EVALUATOR SIGNATURE: _____
DATE: 12/16/2025

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