

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 342701121

Report Date: 02/10/2026

Date Signed: 02/10/2026 02:53:35 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	OAKMONT OF EAST SACRAMENTO	FACILITY NUMBER:	342701121
ADMINISTRATOR/DIRECTOR:	KATHLEEN GILBEY	FACILITY TYPE:	740
ADDRESS:	5301 F STREET	TELEPHONE:	(916) 905-2400
CITY:	EAST SACRAMENTO	STATE:	CA
CAPACITY:	214	ZIP CODE:	95819
TYPE OF VISIT:	Case Management - Incident	CENSUS:	151
		DATE:	02/10/2026
		UNANNOUNCED TIME VISIT/INSPECTION	01:28 PM
MET WITH:	Kathlee Gilbey	BEGAN TIME VISIT/INSPECTION	03:06 PM
		COMPLETED:	

### NARRATIVE

1 On 02/10/2026, Licensing Program Analyst (LPA) Pang Lee arrived unannounced to the facility to  
2 conduct a case management visit in regard to incident reports received. LPA Lee met with Executive  
3 Director (ED) Kathleen Gilbey and explained the purpose of the visit. The census is 151.  
4

5 On 08/18/2025, the Sacramento South Adult and Senior Care (ASC) Regional Office (RO) received a  
6 self-reported incident from Oakmont of East Sacramento involving Resident 1 (R1), who reportedly  
7 engaged in two separate sexual relationships with Resident 2 (R2) and Resident 3 (R3) while residing at  
8 the facility. During an interview, R2 denied knowing R1 and stated that the reported incidents never  
9 occurred. R2 further indicated that nothing inappropriate happened and denied being forced to  
10 participate in any activity against R2's will. R3 did not respond to interview questions and was  
11 unresponsive during the interview. It was learned that R1 had moved out of the facility on 08/19/2025. A  
12 review of facility records indicates that staff were aware of R1's inappropriate and sexualized behaviors  
13 and were actively addressing the concerns. Documentation shows that R1 was transported to Kaiser  
14 Emergency Room on multiple occasions for evaluation related to these behaviors. As a result, staff  
15 required R1's family to arrange one-to-one supervision. Additionally, R1's medications were adjusted in  
16 an effort to manage R1's behaviors. Facility charting notes indicate that R1 began exhibiting concerning  
17 behaviors in June 2025. On 07/01/2025, the facility met with R1's family and primary care physician to  
18 address the behaviors. On 07/29/2025, facility staff met with R1's neurologist regarding the ongoing  
19 concerns. On 08/07/2025, the facility met with R1's power of attorney and responsible party to further  
20 address R1's behaviors. Charting notes also document multiple occasions when R1 was sent to the  
21 emergency room due to these behaviors.  
22 CONTINUED LIC 809-C  
23  
24  
25

NAME OF LICENSING PROGRAM MANAGER: Czarrina A Camilon-Lee

NAME OF LICENSING PROGRAM ANALYST: Pang Lee

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 02/10/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 02/10/2026

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

**FACILITY EVALUATION REPORT** California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

**DEFICIENCIES** A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

**PLANS OF CORRECTION (POCs)** The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

**CORRECTION NOTIFICATION** The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

**CIVIL PENALTIES** The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

**PENALTY NOTICE GIVEN** The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

**APPEAL RIGHTS** The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

**AGENCY REVIEW** The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

**EMAIL REQUIREMENT** Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  COMMUNITY CARE LICENSING DIVISION  SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100  SACRAMENTO, CA 95827</p>
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**FACILITY NAME:** OAKMONT OF EAST SACRAMENTO

**FACILITY NUMBER:** 342701121

**VISIT DATE:** 02/10/2026

<b>NARRATIVE</b>	
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</p>	<p>Additionally, it was confirmed that the responsible parties for both R2 and R3 were informed of the situation, were aware of their respective interactions with R1, and expressed support and acceptance. The facility informed R1's responsible party that R1 required continuous one-to-one supervision due to R1's behaviors. Subsequently, R1's responsible party elected to remove R1 from the facility.</p> <p>Per California Code of Regulations, Title 22, no deficiencies were observed during this visit. Exit interview was conducted and a copy of this report was provided.</p>

<p><b>NAME OF LICENSING PROGRAM MANAGER:</b> Czarrina A Camilon-Lee  <b>NAME OF LICENSING PROGRAM ANALYST:</b> Pang Lee  <b>LICENSING PROGRAM ANALYST SIGNATURE:</b> _____  <b>DATE:</b> 02/10/2026</p>
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**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

<p><b>FACILITY REPRESENTATIVE SIGNATURE:</b> _____  <b>DATE:</b> 02/10/2026</p>
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