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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 342701121
Report Date: 08/05/2026
Date Signed: 08/05/2026 03:55:47 PM

Unsubstantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/02/2026** and conducted by Evaluator Kevin Gould

	COMPLAINT CONTROL NUMBER: 27-AS-20260202121231

FACILITY NAME:	OAKMONT OF EAST SACRAMENTO			**FACILITY NUMBER:**	342701121
ADMINISTRATOR:	KATHLEEN GILBEY			**FACILITY TYPE:**	740
ADDRESS:	5301 F STREET			**TELEPHONE:**	(916) 905-2400
CITY:	EAST SACRAMENTO	**STATE:** CA		**ZIP CODE:**	95819
CAPACITY:	214	**CENSUS:** 151		**DATE:**	08/05/2026
		UNANNOUNCED		**TIME BEGAN:**	02:30 PM
MET WITH:	Shasta Mccune			**TIME COMPLETED:**	04:30 PM

ALLEGATION(S):

1	Physical Plant: Staff did not ensure there was a space ready/big enough for scheduled activity for residents
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INVESTIGATION FINDINGS:

1	Licensing Program Analysts (LPA) Kevin Gould made an unannounced inspection to Oakmont of East Sacrament RCFE on 8/5/26 at 2:30pm to conclude the investigation of the above allegation and to deliver the findings. LPA Gould met with Assistant Executive Director, Shasta Mccune, and together discussed the investigation details.
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6	Based on the interviews conducted during the investigation process and statements obtained during the
7	investigation process, LPA Gould was unable to corroborate the allegations. LPA conducted interviews
8	with two staff members and five residents (see confidential name list LIC-811 dated 8/5/26). Staff
9	interviewed denied the allegation. Staff interviewed both identified the relocation of exercises classes at
10	the facility was for a one day conference and the ballroom where daily exercise takes places was moved
11	to another designated fitness room located in the facility. This change was only for two days and both
12	staff identified the activity space as having appropriate space for the number of attendees. LPA observed
13	both activity spaces and observed ample room for the desired activity based on the number of attendees present. Report Continued on LIC 9099-C.

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Arielle Pascua
LICENSING EVALUATOR NAME: Kevin Gould
LICENSING EVALUATOR SIGNATURE:
DATE: 08/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/05/2026

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

Control Number 27-AS-20260202121231

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT (Cont)

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

FACILITY NAME: OAKMONT OF EAST SACRAMENTO **FACILITY NUMBER:** 342701121
VISIT DATE: 08/05/2026

NARRATIVE

Additionally, LPA conducted interview with five residents who provided statements of regularly attending fitness classes or other activities provided by the facility. All five residents interviewed provided statements to LPA that the fitness classes or other activities are conducted in a safe and healthful manner. All residents interviewed provided statements of having plentiful room to conduct exercises or preferred activities they attend.

Although the allegation may have happened or is valid, there is not a preponderance of the evidence to prove that the alleged violation occurred. The Department has determined that the allegations of Physical Plant are unsubstantiated but if any additional information is received this complaint can be amended and the finding can be changed.

There are no deficiencies is cited per California Code of Regulations, TITLE 22.

Exit interview was conducted with facility staff. Appeal Rights were issued, and a copy of this report was left at the facility.

SUPERVISORS NAME: Arielle Pascua
LICENSING EVALUATOR NAME: Kevin Gould
LICENSING EVALUATOR SIGNATURE:
DATE: 08/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/05/2026