

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 342701121
Report Date: 09/05/2025
Date Signed: 09/05/2025 02:11:38 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
FACILITY EVALUATION REPORT	

FACILITY NAME: OAKMONT OF EAST SACRAMENTO	FACILITY NUMBER: 342701121
ADMINISTRATOR/KATHLEEN GILBEY	FACILITY TYPE: 740
DIRECTOR:	
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: 152
	DATE: 09/05/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 01:22 PM
MET WITH: Kathleen Gilbey	TIME VISIT/INSPECTION
	COMPLETED: 02:23 PM

NARRATIVE	
1	On September 5, 2025, LPA Pang Lee conducted an unannounced case management visit to Oakmont
2	of East Sacramento. Upon arrival, LPA met with Executive Director (ED) Kathlee Gilbey and explained
3	the purpose of the visit, which was to gather additional information and facility documentation related to
4	a SOC 341 report dated August 18, 2025, and received by Community Care Licensing Division (CCLD)
5	via fax on August 19, 2025.
6	
7	According to the SOC 341 report, a resident's wife observed Resident 1 (R1) engaging in sexually
8	inappropriate behavior with another resident (R2) while seated on a couch in a common area.
9	Additionally, it was reported that R1 has previously had inappropriate sexual interactions with multiple
10	female residents at the facility.
11	
12	The ED and Memory Care Director Kelli Hendrix (MCD) reported that a safety plan has been
13	implemented upon discovering of R1's behavior to address the behavior of R1 with R1's responsible
14	party to ensure the well-being of R1 and other residents. During the visit, it was learned that R1 has
15	moved out of the facility. LPA Lee collected the following documentation for further review and
16	investigation:
17	
18	For Resident 1 (R1):
19	
20	• Admission Agreement
21	
22	
23	
24	CONTINUED LIC 809-C
25	

NAME OF LICENSING PROGRAM MANAGER: Czarrina A Camilon-Lee

NAME OF LICENSING PROGRAM ANALYST: Pang Lee

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/05/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/05/2025

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>FACILITY EVALUATION REPORT (Cont)</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: 09/05/2025

NARRATIVE	
1	• LIC 624 – Incident Reports
2	
3	• Charting Notes
4	
5	• Medication List
6	
7	For Residents 2 (R2) and 3 (R3):
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9	• LIC 602 – Physician’s Report
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11	• LIC 625 – Needs and Services Plan
12	
13	• Charting Notes
14	
15	• LIC 624 – Incident Reports
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17	• Admission Agreement
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20	Per California Code of Regulations, Title 22, no deficiencies were cited. Exit interview conducted and a
21	copy of this report was left at the facility.
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<p>NAME OF LICENSING PROGRAM MANAGER: Czarrina A Camilon-Lee</p> <p>NAME OF LICENSING PROGRAM ANALYST: Pang Lee</p> <p>LICENSING PROGRAM ANALYST SIGNATURE:</p>	<p>DATE: 09/05/2025</p>
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<p>FACILITY REPRESENTATIVE SIGNATURE:</p>	<p>DATE: 09/05/2025</p>
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