

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 345002797
Report Date: 08/14/2025
Date Signed: 08/14/2025 04:32:05 PM

Substantiated

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 **05/29/2025** and conducted by Evaluator Michael Hood

	COMPLAINT CONTROL NUMBER: 59-AS-20250529100321
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FACILITY NAME: OAKMONT OF FAIR OAKS	FACILITY NUMBER: 345002797
ADMINISTRATOR: POUYA ANSARI	FACILITY TYPE: 740
ADDRESS: 8484 MADISON AVE.	TELEPHONE: (916) 633-1001
CITY: FAIR OAKS	STATE: CA ZIP CODE: 95628
CAPACITY: 128	CENSUS: 89 DATE: 08/14/2025
MET WITH: Pouya Ansari, Administrator	UNANNOUNCED TIME BEGAN: 12:35 PM
	TIME COMPLETED: 04:45 PM

ALLEGATION(S):

1	Facility staff are mismanaging residents' medication
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Michael Hood arrived at the facility and met with Executive Director
2	(ED), Pouya Ansari, to deliver findings into the complaint allegation listed above.
3	
4	During the investigation, LPA conducted a medication count, conducted interviews, and reviewed
5	documentation pertinent to the investigation.
6	
7	The results of the investigation are as follows:
8	
9	Allegation: Facility staff are mismanaging residents' medication
10	
11	** Report continued on 9099-C **
12	
13	

Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Anthony Perez
NAME OF LICENSING PROGRAM ANALYST: Michael Hood
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/14/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/14/2025

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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Control Number 59-AS-20250529100321

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 FAIR OAKS

FACILITY NUMBER: 345002797

VISIT DATE: 08/14/2025

NARRATIVE

1 LPA reviewed an Unusual Incident/Injury Report (SIR) for resident (R4) dated October 22, 2024 for an
2 incident that occurred on October 21, 2024 regarding a medication error. SIR states that, on October 21,
3 2024, while conducting a weekly self Audit of the Assisted Living Med-Room, it was discovered by
4 Health Services Director (HSD) that an order of Prednisone was being given to R4 incorrectly. Facility
5 reported that the medication order was placed in the facility's medication administration record from the
6 pharmacy and an additional order on paper was placed in the system by a previous Director. One order
7 stated morning dosage, and the second order stated evening dosage, creating confusion and wrong
8 dosages given from September 22, 2024 to October 18, 2024. Upon discovery, the order was corrected
9 and given as prescribed following correction. SIR states that facility would continue doing weekly audits
10 of the Med-Room, HSD would be approving all orders, and an in-service training would be completed
11 with Med-Techs.

12
13 On June 3, 2025, LPA conducted a medication count for residents R1, R2, and R3, comparing each
14 resident's Centrally Stored Medication Form (CSM) and Medication Administration Record (MAR) with
15 medications centrally stored for the residents. LPA observed two (2) of five (5) medications for R1 were
16 over the amount documented by two (2) tabs. After missed passes were factored into count, R1's MAR
17 did not include any additional information to justify the two (2) medications over by two (2) tabs. LPA
18 observed four (4) of five (5) medications for R2 to be off-count in relation to the amount documented.
19 One (1) medication for R2 should have been finished and still had four (4) tabs available, one (1)
20 medication was over by one (1) tab, one (1) medication was over by four (4) tabs, and one (1)
21 medication was under by 20 tabs. R2's MAR did not indicate any refusals or missed passes of
22 medication, nor did it indicate any reason for medications to be under the amount documented. LPA
23 observed three (3) of seven (7) medications for R3 to be off-count in relation to the amount documented.
24 One (1) medication for R3 should have been finished and still had nine (9) tabs available, one (1)
25 medication was over by two (2) tabs, and one (1) medication was over by three (3) tabs. R3's MAR did
26 not indicate any refusals or missed passes of medication, nor did it indicate any reason for medications
27 to be under the amount documented.

28
29 Based on medication count and records reviewed, the preponderance of evidence standards have been
30 met. Therefore, the above allegation is found to be SUBSTANTIATED. Per California Code of
31 Regulations, Title 22, Division 6, Chapter 8, a deficiency is being cited on the attached 9099-D page.
32

Exit interview was conducted. A copy of this report was provided. Signature on these forms acknowledges receipt of these documents.

NAME OF LICENSING PROGRAM MANAGER: Anthony Perez
NAME OF LICENSING PROGRAM ANALYST: Michael Hood
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/14/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/14/2025

Citations on this Visit Report are Under Appeal!

Control Number 59-AS-20250529100321

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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FACILITY NAME: OAKMONT OF FAIR OAKS

FACILITY NUMBER: 345002797

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/14/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<p>Under Appeal Type A 08/15/2025 Section Cited CCR 87465(a)(4)</p>	<p>1 87465 Incidental Medical and Dental 2 Care (a) A plan for incidental medical 3 and dental care shall be developed by 4 each facility (...) by compliance with the 5 following: (4) The licensee shall assist 6 residents with self-administered 7 medications as needed. This requirement is not met as evidenced by:</p>	<p>1 Facility had a office meeting with 2 Community Care Licensing and will 3 continue to implement plan that was 4 established during meeting. In-service 5 will be conducted with med-techs, 6 Health Services Director, Memory Care 7 Director, and Resident Care Coordinator.</p>
	<p>8 Based on medication counts and 9 records reviewed, the facility did not 10 ensure that residents R1, R2, R3, and 11 R4 were receiving medications as 12 prescribed, which poses an immediate 13 health, safety, and personal rights risk 14 to residents in care.</p>	<p>8 Facility will submit time of training and 9 training agenda by POC due date of 10 8/15/2025. 11 12 13 14</p>
	<p>1 2 3 4 5 6 7</p>	<p>1 2 3 4 5 6 7</p>
	<p>1 2 3 4 5 6 7</p>	<p>1 2 3 4 5 6 7</p>

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER: Anthony Perez NAME OF LICENSING PROGRAM ANALYST: Michael Hood LICENSING PROGRAM ANALYST SIGNATURE:		DATE: 08/14/2025
<p>I acknowledge receipt of this form and understand my appeal rights as explained and received.</p>		
FACILITY REPRESENTATIVE SIGNATURE:		DATE: 08/14/2025

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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ADMINISTRATOR: POUYA ANSARI	FACILITY TYPE: 740
ADDRESS: 8484 MADISON AVE.	TELEPHONE: (916) 633-1001
CITY: FAIR OAKS	STATE: CA ZIP CODE: 95628
CAPACITY: 128	CENSUS: 89 DATE: 08/14/2025
MET WITH: Pouya Ansari, Administrator	UNANNOUNCED TIME BEGAN: 12:35 PM
	TIME COMPLETED: 04:45 PM

ALLEGATION(S):

1	Facility staff are not providing assistance with ADLs
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Michael Hood arrived at the facility and met with Executive Director
2	(ED), Pouya Ansari, to deliver findings into the complaint allegation listed above.
3	
4	During the investigation, the Department conducted interviews and toured the premises.
5	
6	The results of the investigation are as follows:
7	
8	Allegation: Facility staff are not providing assistance with ADLs
9	
10	** Report continued on 9099-C **
11	
12	
13	

Unsubstantiated	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Anthony Perez	
NAME OF LICENSING PROGRAM ANALYST: Michael Hood	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/14/2025

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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/14/2025
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This report must be available at Child Care and Group Home facilities for public review for 3 years.
 LIC9099 (FAS) - (06/04) Page: 4 of 7
Control Number 59-AS-20250529100321

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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FACILITY NAME: OAKMONT OF FAIR OAKS	FACILITY NUMBER: 345002797
	VISIT DATE: 08/14/2025

NARRATIVE	
1	Interviews with staff members S1, S2, S3, S4, S5, S6, and S7 indicated that they have never observed a
2	resident in need of care and not receiving assistance from facility care staff. Interviews with residents
3	R3, R5, R6, R7, and R8 indicated that they are treated well by facility staff and that their care needs are
4	being met. Interviews with residents did not indicate any concerns regarding care staff providing
5	assistance with ADLs. Interviews with residents indicated that they did not witness any residents in need
6	of care and not receiving assistance from facility care staff. Interview with R3's authorized representative

7 indicated that they have no concerns regarding care being provided to R3 and they felt caregivers do a
 8 good job providing care at the care home.
 9
 10 During visits conducted on June 3, 2025, July 30, 2025, August 7, 2025, August 13, 2025, and August
 11 14, 2025, LPA did not observe any residents in need of care and not receiving assistance from facility
 12 care staff.
 13
 14 Based on interviews conducted and observations, the preponderance of evidence standards have not
 15 been met. Therefore, the above allegations are found to be UNSUBSTANTIATED. A finding that a
 16 complaint allegation is unsubstantiated means that, although the allegation may have happened or is
 17 valid, there is not a preponderance of the evidence to prove that the alleged violation occurred.
 18
 19 Exit interview was conducted. A copy of this report was provided. Signature on these forms
 20 acknowledges receipt of these documents.
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NAME OF LICENSING PROGRAM MANAGER: Anthony Perez
NAME OF LICENSING PROGRAM ANALYST: Michael Hood
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 08/14/2025

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 08/14/2025

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
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CAPACITY: 128	DATE: 08/14/2025
MET WITH: Pouya Ansari, Administrator	UNANNOUNCED TIME BEGAN: 12:35 PM
	TIME COMPLETED: 04:45 PM

ALLEGATION(S):

1	Facility is retaining residents beyond a level of care they can provide
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INVESTIGATION FINDINGS:

1 Licensing Program Analyst (LPA) Michael Hood arrived at the facility and met with Executive Director
 2 (ED), Pouya Ansari, to deliver findings into the complaint allegation listed above.
 3
 4 During the investigation, the Department conducted interviews and reviewed documentation pertinent to
 5 the investigation.
 6
 7 The results of the investigation are as follows:
 8
 9 Allegation: Facility is retaining residents beyond a level of care they can provide
 10
 11 ** Report continued on 9099-C **
 12
 13

Unfounded	Estimated Days of Completion:
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NAME OF LICENSING PROGRAM MANAGER: Anthony Perez NAME OF LICENSING PROGRAM ANALYST: Michael Hood LICENSING PROGRAM ANALYST SIGNATURE:		DATE: 08/14/2025
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Control Number 59-AS-20250529100321

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY <h2 style="margin: 0;">COMPLAINT INVESTIGATION REPORT</h2> <h3 style="margin: 0;">(Cont)</h3>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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FACILITY NAME: OAKMONT OF FAIR OAKS	FACILITY NUMBER: 345002797
	VISIT DATE: 08/14/2025

NARRATIVE

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	<p>Relevant party reported to the Department that resident (R3) was observed to be residing in the Assisted Living Unit (ALU) of the facility while participating in activities and spending most daytime hours in the Memory Care Unit (MCU) of the facility. A review of Title 22 regulations did not indicate any violations distinguishing care needs of residents in ALU settings in opposition to care needs of residents in MCU settings.</p> <p>Interviews with staff members S1, S2, S3, S4, S5, S6, and S7 indicated that they have never observed the facility retaining residents beyond a level of care they can provide, including prohibited health conditions. Interviews with residents R7 and R8 indicated that they have never witnessed residents residing at the facility who are in need of a level of care the facility cannot provide.</p> <p>LPA reviewed records for R3, including R3's Physician's Report (LIC 602A) dated July 10, 2024 and Resident Assessments dated October 13, 2023, April 3, 2024, July 12, 2024, December 12, 2024, January 1, 2025, and June 19, 2025, which did not indicate that R3 sustained any prohibited health conditions or required a level of care that the facility could not provide. Interview with R3's representative indicated that they had no concerns regarding the care provided at the facility and they feel care staff do a good job providing care to R3.</p> <p>Based on interviews conducted and records reviewed, the above allegation is found to be UNFOUNDED. A finding that the allegation is unfounded means that the allegation is false, could not have happened, and/or is without a reasonable basis.</p> <p>Exit interview was conducted. A copy of this report was provided. Signature on these forms acknowledges receipt of these documents.</p>
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NAME OF LICENSING PROGRAM MANAGER: Anthony Perez

NAME OF LICENSING PROGRAM ANALYST: Michael Hood

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/14/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/14/2025