

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# COMPLAINT INVESTIGATION REPORT

Facility Number: 347005427  
Report Date: 12/18/2024  
Date Signed: 12/18/2024 12:27:58 PM

## Unsubstantiated

|  |  |
|--|--|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100<br>SACRAMENTO, CA 95827 |
| <b>COMPLAINT INVESTIGATION REPORT</b>                  |  |

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/19/2024** and conducted by Evaluator Cassandra Mikkelson

|  |   |
|--|---|
|  | <b>COMPLAINT CONTROL NUMBER: 59-AS-20241119170352</b> |
|--|---|

|   |   |
|---|---|
| <b>FACILITY NAME:</b> OAKMONT OF FOLSOM | <b>FACILITY NUMBER:</b> 347005427       |
| <b>ADMINISTRATOR:</b> CLYMO, MICHAEL    | <b>FACILITY TYPE:</b> 740               |
| <b>ADDRESS:</b> 1574 CREEKSIDE DR       | <b>TELEPHONE:</b> (916) 817-4500        |
| <b>CITY:</b> FOLSOM                     | <b>ZIP CODE:</b> 95630                  |
| <b>CAPACITY:</b> 88                     | <b>DATE:</b> 12/18/2024                 |
| <b>MET WITH:</b> Michael Clymo          | <b>UNANNOUNCED TIME BEGAN:</b> 09:45 AM |
|   | <b>TIME COMPLETED:</b> 12:35 PM         |

**ALLEGATION(S):**

|   |   |
|---|---|
| 1 | Facility staff mismanaged client's medication |
| 2 |   |
| 3 |   |
| 4 |   |
| 5 |   |
| 6 |   |
| 7 |   |
| 8 |   |
| 9 |   |

**INVESTIGATION FINDINGS:**

|    |   |
|----|---|
| 1  | Licensed Program Analysts (LPAs) Cassandra Mikkelson and Kevin Mknelly arrived at the facility        |
| 2  | unannounced and met with Executive Director Michael Clymo to deliver findings for the above complaint |
| 3  | allegation.   |
| 4  |   |
| 5  | During the investigation, LPAs conducted interviews, conducted a tour of the facility, and reviewed   |
| 6  | documentation pertinent to the investigation.   |
| 7  |   |
| 8  | The results of the investigation are as follows:  |
| 9  |   |
| 10 | ** Report continued on 9099-C ***   |
| 11 |   |
| 12 |   |
| 13 |   |

**Unsubstantiated**

**Estimated Days of Completion: 15**

**NAME OF LICENSING PROGRAM MANAGER:** Anthony Perez  
**NAME OF LICENSING PROGRAM ANALYST:** Cassandra Mikkelson  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 12/18/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 12/18/2024

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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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 FOLSOM

**FACILITY NUMBER:** 347005427

**VISIT DATE:** 12/18/2024

### NARRATIVE

- 1 During multiple visits conducted at the facility, LPAs observed resident's medication MARs to be
- 2 complete with no errors indicated. LPAs observed medication room to be clean and organized.
- 3
- 4 Interviews conducted with staff members S1, S2, S3, S4, S5, and S6 indicated that they have not
- 5 witnessed any mismanagement of resident medications. Interviews with thirteen (13) residents indicated
- 6 that they have never received the wrong medication or not been given the correct dosage of their
- 7 medications.
- 8
- 9 Based on interviews conducted and observations, the preponderance of evidence standards have not
- 10 been met. Therefore, the above allegation is found to be UNSUBSTANTIATED. Findings that the
- 11 complaint is Unsubstantiated means that, although the allegation may have happened or is valid, there
- 12 is not a preponderance of the evidence to prove that the alleged violation occurred.
- 13
- 14 Exit interview was conducted with Michael Clymo. A copy of this report was provided. Signature on
- 15 these forms acknowledges receipt of these documents.
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**NAME OF LICENSING PROGRAM MANAGER:** Anthony Perez  
**NAME OF LICENSING PROGRAM ANALYST:** Cassandra Mikkelson  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 12/18/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 12/18/2024