

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 347005427

Report Date: 02/19/2026

Date Signed: 02/19/2026 04:22:24 PM

Unsubstantiated

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 **02/02/2026** and conducted by Evaluator Angela Hood

	COMPLAINT CONTROL NUMBER: 59-AS-20260202094237
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FACILITY NAME: OAKMONT OF FOLSOM	FACILITY NUMBER: 347005427
ADMINISTRATOR: HILL, ANYSSA	FACILITY TYPE: 740
ADDRESS: 1574 CREEKSIDE DR	TELEPHONE: (916) 817-4500
CITY: FOLSOM	ZIP CODE: 95630
CAPACITY: 88	DATE: 02/19/2026
MET WITH: Anyssa Hill, Executive Director	UNANNOUNCED TIME BEGAN: 12:45 PM
	TIME COMPLETED: 04:35 PM

ALLEGATION(S):

- | | |
|---|---|
| 1 | -Staff are mismanaging resident's medications. |
| 2 | -Staff are not providing adequate food services. |
| 3 | -Staff do not provide records to resident's responsible party in a timely manner. |
| 4 | -Staff do no accord resident privacy. |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |

INVESTIGATION FINDINGS:

- | | |
|----|---|
| 1 | Licensing Program Analyst (LPA) Angela Hood arrived at the care home today and met with the |
| 2 | Executive Director, Anyssa Hill, to deliver complaint investigation findings regarding the above stated |
| 3 | allegations. |
| 4 | |
| 5 | During the course of the investigation, LPA conducted interviews, made observations, conducted a |
| 6 | medication count, and obtained documentation pertinent to the investigation. |
| 7 | |
| 8 | Allegation: Staff are mismanaging resident's medications |
| 9 | On February 19, 2026, LPA conducted a medication count for residents (R1, R2, and R3), comparing the |
| 10 | residents' medication lists on file with medication centrally stored for the residents. LPA did not observe |
| 11 | any medication errors. Interviews with residents (R4, R5, and R6) indicated that they receive all |
| 12 | medications as prescribed. Interviews with staff (S1, S2, and S3) indicated that medications are being |
| 13 | given as prescribed. |

SUPERVISORS NAME: Maribeth Senty
LICENSING EVALUATOR NAME: Angela Hood
LICENSING EVALUATOR SIGNATURE:

DATE: 02/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/19/2026

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-20260202094237

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: 02/19/2026

NARRATIVE

1 Allegation: Staff are not providing adequate food services.
2 On February 12, 2026, LPA toured the kitchen area for the ability to prepare and store food. The kitchen
3 appeared to be in good repair, and the care home had the required 2-day perishable and 7-day
4 nonperishable food supply on hand. The meal menu for the months of January-February indicated a
5 variety of food offered to the residents in care. LPA was also provided the winter everyday menu and
6 everyday breakfast menu with daily specials. Interviews with R4, R5, R6, S1, S2, and S3 indicated that
7 the facility provides adequate food services.
8

9 Allegation: Staff do not provide records to resident's responsible party in a timely manner.
10 Interviews with R4, R5, R6, and resident (R7) indicated that facility will provide records to the resident
11 and/or their responsible party when requested. Interviews with S1, S2, and S3 indicated that the facility
12 staff provide records to a resident's responsible party in a timely manner. The complaint did not specify a
13 particular resident or responsible party.
14

15 Allegation: Staff do no accord resident privacy.
16 Interviews with R4, R5, R6, and R7 indicated that the facility staff provide them privacy. Interviews with
17 S1, S2, and S3 indicated that staff give residents their privacy. S1, S2, and S3 indicated that they have
18 never witnessed or heard of any staff wearing meta glasses to records residents. S1, S2, and S3 also
19 stated that they would inform the ED or any supervisor as it would be a violation of the residents'
20 privacy. On February 12, 2026 and February 19, 2026, LPA observed several staff in the care home and
21 did not observe anyone wearing meta glasses used to record. Interview with ED indicated that they have
22 never witnessed any staff wearing meta glasses and have not heard any complaints of staff wearing
23 meta glasses.
24

25 Based on interviews conducted, medication count, observations made, and documentation obtained,
26 although the allegations may have happened or are valid, there is not a preponderance of evidence to
27 prove the alleged violations did or did not occur. Therefore, the allegations are UNSUBSTANTIATED. No
28 deficiencies are being cited. Exit interview conducted. A copy of the report was provided.
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30
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SUPERVISORS NAME: Maribeth Senty
LICENSING EVALUATOR NAME: Angela Hood
LICENSING EVALUATOR SIGNATURE:

DATE: 02/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/19/2026