

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604281
Report Date: 08/07/2026
Date Signed: 08/07/2026 02:13:17 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/08/2026** and conducted by Evaluator Janet Ngallo

		COMPLAINT CONTROL NUMBER: 08-AS-20260508135811	
FACILITY NAME: OAKMONT OF PACIFIC BEACH		FACILITY NUMBER:	374604281
ADMINISTRATOR:AMIRHOUSEHMAND, SHAWN		FACILITY TYPE:	740
ADDRESS:	955 GRAND AVE	TELEPHONE:	(858) 373-9300
CITY:	SAN DIEGO	STATE: CA	ZIP CODE: 92109
CAPACITY:	92	CENSUS:	DATE: 08/07/2026
		UNANNOUNCED	TIME BEGAN: 08:30 AM
MET WITH:	Executive Director Shawn Amirhousehmand	TIME COMPLETED:	02:30 PM

ALLEGATION(S):

1	Resident sustained fractures due to staff neglect.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst(LPA) Janet Ngallo conducted an unannounced subsequent visit to deliver findings regarding the above mentioned complaint allegation. LPA was greeted by, introduced themselves to, and discussed the purpose of the visit with Executive Director Shawn Amirhoushmand.
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5	On 05/08/2026, it was alleged that a resident(R1) sustained fractures due to staff neglect. The department's investigation consisted of interviews and records review.
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7	[Cont. on LIC 9099-C]
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Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Lizzette Tellez

LICENSING EVALUATOR NAME: Janet Ngallo	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/07/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/07/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 2
Control Number 08-AS-20260508135811

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: OAKMONT OF PACIFIC BEACH	FACILITY NUMBER: 374604281
	VISIT DATE: 08/07/2026

NARRATIVE	
1	[Cont. from LIC 9099]
2	Regarding the allegation, R1 had an unwitnessed fall in the bathroom on 05/05/2026, and was sent out
3	for evaluation and treatment due to pain in their right leg. R1 was diagnosed with a right hip fracture at
4	the hospital. Interviews revealed that R1 had been experiencing a noticeable decline beginning in mid-
5	April 2026. Staff consistently reported that R1 required increased assistance with activities of daily living,
6	including grooming, dressing, bathing, reminders for meals, and escorts due to fall-risk concerns.
7	Interviews indicated that R1 demonstrated at times some confusion, periods of disorientation, and
8	resistance to accepting assistance due to a desire to remain independent. Staff stated that R1 rarely
9	used the call pendant, despite frequent reminders about using the device, and preferred to perform most
10	tasks independently.
11	
12	Interviews further revealed that, in response to R1's decline, R1's care plan was updated through a
13	change of condition assessment. Staff reported performing more frequent safety checks, two to three
14	times per shift or more due to R1's decline. Staff stated that these checks were conducted to monitor
15	R1's safety, ensure R1 was getting to meals, and prevent falls. Staff stated they routinely checked on R1
16	in the mornings, during meal periods, and throughout their shifts due to concerns about R1's decreased
17	awareness and occasional confusion or forgetfulness.
18	
19	Records review corroborated staff statements. A change of condition assessment dated April 2026
20	documented that R1 required increased assistance with ADLs, including medication assistance, standby
21	help for grooming and toileting, and hands-on assistance for bathing, and notes that R1 was at
22	moderate risk for falling according to the fall risk assessment and was to be provided personalized
23	interventions, per fall management protocol. R1 did not require status checks.
24	
25	Records review of R1's incident report dated 05/05/2026 documented that R1 sustained an unwitnessed
26	fall in the bathroom, was unable to bear weight, and was transported to the hospital where a right hip
27	fracture was diagnosed. Review of charting notes reflected that staff discovered the fall during routine
28	medication pass and took appropriate steps, including contacting emergency services and completing
29	all required notifications.
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31	Based on interviews and records review, the preponderance of evidence standard has not been met,
32	therefore the above allegation is found to be unsubstantiated. An exit interview was conducted with
	Executive Director Shawn Amirhoushmand and a copy of this report, along with Licensee/Appeal Rights
	(LIC 9058 01/16), were provided. Their signature confirms receipts of these documents.

SUPERVISORS NAME: Lizzette Tellez	
LICENSING EVALUATOR NAME: Janet Ngallo	
LICENSING EVALUATOR SIGNATURE:	DATE: 08/07/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/07/2026