

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604457
Report Date: 11/14/2024
Date Signed: 11/14/2024 11:07:12 AM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, , CA
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/24/2021** and conducted by Evaluator Tiffany Holmes

	COMPLAINT CONTROL NUMBER: 08-AS-20211124122900
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FACILITY NAME: OAKMONT OF ESCONDIDO HILLS	FACILITY NUMBER: 374604457
ADMINISTRATOR: SENTENO, CAROLINE	FACILITY TYPE: 740
ADDRESS: 3012 BEAR VALLEY PARKWAY	TELEPHONE: (760) 735-8084
CITY: ESCONDIDO HILLS	STATE: CA ZIP CODE: 92025
CAPACITY: 160	CENSUS: 135 DATE: 11/14/2024
MET WITH: John Brennan, Executive Director	UNANNOUNCED TIME BEGAN: 10:06 AM
	TIME COMPLETED: 11:15 AM

ALLEGATION(S):

1	Staff did not seek timely medical care for resident in care
2	Facility not meeting residents needs in a timely manner
3	Facility does not have adequate number of staff
4	Facility is charging extra fees not on care plan
5	
6	
7	
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9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Tiffany Holmes conducted an unannounced complaint visit to the facility
2	to deliver findings on the above-mentioned allegations. LPA gained access to the facility, identified
3	herself, and met with John Brennan, Executive Director to discuss the purpose of the visit.
4	
5	LPA conducted investigation visit and was able to interview residents, facility staff, and outside sources.
6	LPA also reviewed records, and conducted a physical inspection of the facility.
7	
8	It was alleged that staff did not seek timely medical care for resident in care. Interviews revealed that on
9	or around 11/19/2021 Resident 1 (R1) was sent out to receive medical attention due to pain in their leg.
10	Interviews revealed that R1 returned to the facility early the next morning. Interviews with staff did not
11	mention any falls that R1 allegedly suffered. Interviews revealed that if R1 would have fallen that they
12	wouldn't have been able to get them up and the paramedics would have been called. Interviews also
13	revealed that if a resident falls that the staff have to notify and call the nurse when any resident falls. Interviews also revealed that if a resident falls and hits their head or has pain they call 911. Interviews revealed R1 could communicate their needs and was oriented to themselves and their family but would also

at times be disoriented and confused. Once R1 expressed they were in severe pain they decided to send R1 to the hospital after calling their POA and the other family member since the POA did not answer the first time.

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: John Rante
NAME OF LICENSING PROGRAM ANALYST: Tiffany Holmes
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 11/14/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/14/2024

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-20211124122900

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office,
, CA

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: OAKMONT OF ESCONDIDO HILLS

FACILITY NUMBER: 374604457

VISIT DATE: 11/14/2024

NARRATIVE

- 1 It was alleged that the facility not meeting residents needs in a timely manner. Interviews revealed that
- 2 when a call button is activated that the staff goes and checks on the resident to see how they can be of
- 3 service. Interviews with an outside source revealed they activated the call button one day and that no
- 4 staff came to the room. Interviews with staff denied the allegation of not meeting the residents needs in
- 5 a timely manner and denied not answering the call button. Interviews revealed all call buttons get
- 6 answered and resolved. Interviews revealed that when several call buttons are on they will measure the
- 7 severity of the problem with each resident then assist them accordingly. Interviews with staff revealed
- 8 the max time for the call button is 15 minutes but the staff try their best to get there within the first five
- 9 minutes. During covid the time could have possibly been a little longer.
- 10
- 11 It was alleged that the facility does not have adequate number of staff. Interviews revealed that there
- 12 were enough staff and there were no complaints from the staff that there is not enough staff. Interviews
- 13 revealed when staff did get sick and had covid they would have an agency that provided staff to cover.
- 14 Interviews revealed they were not short staff and they all worked really hard to make sure if they were
- 15 going to be out that someone was there to work and cover the facility. Interviews revealed they stopped
- 16 using agency staff around the middle of 2021 because there was no staffing concerns or issues.
- 17
- 18 It was alleged that the facility is charging extra fees not on the care plan. Interviews revealed that R1's
- 19 fees changed around 03/24/2021 when their functional capabilities subtotal for billable points were
- 20 increased due to needing more services. These services would vary in nature and the billable points
- 21 would go up an down from 03/2021 up until 09/2021. The facility was charging the family for the services
- 22 and went over the services with the family each time there was change.
- 23
- 24 Based on the evidence obtained from interviews, and record review, the complaint allegations of staff
- 25 did not seek timely medical care for resident in care, facility not meeting residents needs in a timely
- 26 manner, facility does not have adequate number of staff and facility is charging extra fees not on care
- 27 plan are unsubstantiated.
- 28
- 29
- 30 An exit interview was conducted with John Brennan, Executive Director and a copy of this report along
- 31 with Licensee/Appeal Rights (LIC 9058 03/22) was provided at the conclusion of the visit.
- 32

NAME OF LICENSING PROGRAM MANAGER: John Rante
NAME OF LICENSING PROGRAM ANALYST: Tiffany Holmes
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 11/14/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/14/2024