

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 392701057
Report Date: 08/20/2025
Date Signed: 08/20/2025 03:41:56 PM

COMPREHENSIVE INSPECTION

Document Has Been Signed on 08/20/2025 03:41 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
FACILITY EVALUATION REPORT	

FACILITY NAME: OAKMONT OF BROOKSIDE	FACILITY NUMBER: 392701057
ADMINISTRATOR/TRACY BURKE DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 3318 BROOKSIDE ROAD	TELEPHONE: (209) 473-1300
CITY: STOCKTON	STATE: CA ZIP CODE: 95219
CAPACITY: 81	CENSUS: 77 DATE: 08/20/2025
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION BEGAN: 09:30 AM
MET WITH: Tracy Burke	TIME VISIT/INSPECTION COMPLETED: 03:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Albert Johnson arrived unannounced to conduct an Annual
2	Inspection on today's date of 8/19/2024. The LPA met with Tracy Burke.
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5	The facility is a two story structure located in North Stockton with a capacity to serve 81
6	resident and a current census of 77. The grounds were observed to be maintained and clear of
7	obstruction and debris. There is sufficient outdoor furniture for the residents to participate in
8	outdoor activities and pergolas for shade.
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11	LPA and Staff inspected the physical plant at to ensure the health and safety of the clients in
12	care. LPA inspected the facility with Staff including but not limited to the kitchen area,
13	resident rooms, bathrooms, dining room, and storage areas. The facility had the required
14	carbon monoxide detectors. LPA observed the facility to be free of odor. LPA observed
15	sufficient lighting throughout the facility.
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18	Fire extinguishers and smoke detectors are current and in compliance with fire safety. Fire
19	drill was conducted on 8/2025.
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21	Continued
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NAME OF LICENSING PROGRAM MANAGER: Lisa Rios
NAME OF LICENSING PROGRAM ANALYST: Albert Johnson
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 08/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 08/20/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency

and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	SACRAMENTO SOUTH ASC, 9835 GOETHE ROAD, SUITE 100
	SACRAMENTO, CA 95827

FACILITY NAME: OAKMONT OF BROOKSIDE

FACILITY NUMBER: 392701057

VISIT DATE: 08/20/2025

NARRATIVE	
1	LPA reviewed twenty (15) client files and five (5) staff files, including criminal record clearances. LPA observed centrally stored medications locked in then medication room. LPA reviewed and compared resident medication vs. resident medication logs. As well as the over the counter medication prescribed by residents primary care physicians. All staff were cleared and associated to the facility. First aid kit was checked and is complete. During the file review for residents in care LPA and Administrator observed outdated (2023) PRN letters for 5 of 10 memory care files reviewed. LPA, Administrator and Med-tech reviewed PRN letters and learned that the facility is not following the request of the doctor to be notified before and after medications are given. Citation given
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NAME OF LICENSING PROGRAM MANAGER: Lisa Rios
NAME OF LICENSING PROGRAM ANALYST: Albert Johnson
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 08/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/20/2025

Citations on this Visit Report are Under Appeal!

Created By: Albert Johnson On 08/20/2025 at 02:44 PM
 Link to Parent Document Below:

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

FACILITY NUMBER: 392701057

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 08/20/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Under Appeal Type A 08/21/2025 Section Cited	1 87465 Incidental Medical and Dental 2 Care (d) If the resident is unable to 3 determine his/her own need for a 4 prescription or nonprescription PRN 5 medication, and is unable to 6 communicate his/her symptoms 7 clearly, facility staff designated by the licensee, shall be permitted to assist the resident with self-administration provided all of the following requirements are met:(1)Facility staff shall contact the resident's physician prior to each dose, describe the resident's symptoms, and receive direction to assist the resident in self- administration of that dose of medication.		
	8 This requirement was not met as 9 evidenced by records reviewed and 10 interviews with staff. The facility is not 11 following the Doctor's orders as 12 requested in the current and outdated 13 PRN letters for R1 through R7 14	8 Information submitted must include. 9 Attendees, trainers, and information 10 discussed. 11 12 13 14	
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 7		

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	Lisa Rios
MANAGER:	
NAME OF LICENSING PROGRAM	Albert Johnson
ANALYST:	

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/20/2025