

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 392701272
Report Date: 10/04/2023
Date Signed: 10/04/2023 03:50:48 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO AC/SC, 2525 NATOMAS PARK DR. STE.270 SACRAMENTO, CA 95833
FACILITY EVALUATION REPORT	

FACILITY NAME:	OAKMONT OF LODI	FACILITY NUMBER:	392701272
ADMINISTRATOR:	MACKEDSY, SARA	FACILITY TYPE:	740
ADDRESS:	2905 REYNOLDS RANCH PARKWAY	TELEPHONE:	(209) 310-1512
CITY:	LODI	STATE:	CA
CAPACITY:	136	ZIP CODE:	95240
TYPE OF VISIT:	Prelicensing	CENSUS:	88
MET WITH:	Vice President of Operations Terry Evans, Representative for applicant Oakmont Senior Living of Lodi, OPCO LLC; Oakmont MG LLC, and Administrator Andrea Armstrong.	DATE:	10/04/2023
		ANNOUNCED	TIME BEGAN: 08:30 AM
		COMPLETED:	04:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Renee Campbell and LPA Victoria Brown, conducted an announced
2	Pre-licensing visit on 10/04/2023 at 8:30am with Vice President of Operations Terry Evans,
3	Representative for applicant Oakmont Senior Living of Lodi, OPCO LLC; Oakmont MG LLC, and the
4	facility Administrator Andrea Armstrong. Administrator and Representative accompanied LPA's on facility
5	tour. As of today, the current census is 88 residents of which 7 are receiving hospice services, 76 are
6	ambulatory, 12 are non ambulatory, and 0 are bedridden. The facility is a 96 bedroom, 100 bathrooms
7	with a living room, dining room, kitchen, and laundry room. Residents have access to all areas.
8	File reviews were conducted for 7 residents. LPA also reviewed 3 staff files.
9	
10	LPA measured the hot water in room 138 at 108 degrees Fahrenheit and room 246 at 107 degrees
11	Fahrenheit.
12	
13	The kitchen was observed in good condition with properly stored perishable and non perishable foods.
14	Prepared foods were covered in the refrigerator. The refrigerator was at 39 degrees Fahrenheit and the
15	freezer was at -2 degrees Fahrenheit.
16	
17	LPA Campbell observed medications locked and properly stored. LPA observed no obstruction of
18	emergency exits. Exit signs were in place as appropriate. Fire extinguisher located in the hallway was
19	observed to be fully charged. First aid kit was observed to be present in the medication rooms and
20	contained all required components at this time.
21	
22	Component III conducted - There are no objections to licensure at this time. -Licensure pending.
23	
24	An exit interview was conducted and a copy of this report was provided to Administrator Andrea
25	Armstrong .

NAME OF LICENSING PROGRAM MANAGER: Emerita Curriel NAME OF LICENSING PROGRAM ANALYST: Renee Campbell

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/04/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/04/2023

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