

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 415601114

Report Date: 03/17/2026

Date Signed: 03/17/2026 01:58:04 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360 SAN BRUNO, CA 94066
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/10/2026** and conducted by Evaluator Komal Curley

PUBLIC	COMPLAINT CONTROL NUMBER: 14-AS-20260310122944
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FACILITY NAME: OAKMONT OF REDWOOD CITY	FACILITY NUMBER: 415601114
ADMINISTRATOR: JENNIFER DUENAS	FACILITY TYPE: 740
ADDRESS: 1 EAST SELBY LANE	TELEPHONE: (650) 885-7992
CITY: REDWOOD CITY	STATE: CA ZIP CODE: 94063
CAPACITY: 127	CENSUS: 78 DATE: 03/17/2026
MET WITH: Administrator, Jennifer Duenas	UNANNOUNCED TIME BEGAN: 12:21 PM
	TIME COMPLETED: 02:15 PM

ALLEGATION(S):

1	Staff did not ensure a resident's pendant was properly operating
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INVESTIGATION FINDINGS:

1	On March 17, 2026, Licensing Program Analyst (LPA) Komal Curley conducted an unannounced 10-day complaint visit. LPA met with Administrator, Jennifer Duenas and explained the purpose of the visit.
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4	Regarding the allegation, staff did not ensure a resident's pendant was properly operating, according to the reporting party, the computer system for the call pendants was down for several days and there was inadequate communication about the system being down. Reporting party indicated that not enough frequent checks were being provided for residents.
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9	During the investigation, LPA tested a random sample of resident's call pendants, interviewed staff, and reviewed documentation. Based on observations, call pendants were observed to be in good working condition. According to staff interviewed and documentation reviewed, after this issue was brought up to management, the facility immediately contacted Phillips Lifeline and started troubleshooting the system.
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13	(continue to 9099C)

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: April Cowan

LICENSING EVALUATOR NAME: Komal Curley
LICENSING EVALUATOR SIGNATURE:

DATE: 03/17/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/17/2026

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 14-AS-20260310122944

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360
SAN BRUNO, CA 94066

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: OAKMONT OF REDWOOD CITY

FACILITY NUMBER: 415601114

VISIT DATE: 03/17/2026

NARRATIVE

1 In addition, according to staff interviewed and documentation reviewed, the computer system for the call
2 pendants were down for less than 24 hours. The facility immediately started taking steps to fix this issue
3 as soon as it was brought up. Staff indicated that while the call pendants were in disrepair, the Regional
4 Health Services Director implemented status checks on residents and staff increased resident checks to
5 every 30 minutes to an hour or as needed based on resident needs.
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7 Based on documents reviewed, information collected, and interviews conducted, the department has
8 determined that although the above allegation may have happened or are valid, there is no a
9 preponderance of evidence to prove the alleged violation did or did not occur, therefore the above
10 allegation is UNSUBSTANTIATED.
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12 Report is reviewed with Administrator, Jennifer Duenas and a copy is provided.
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SUPERVISORS NAME: April Cowan

LICENSING EVALUATOR NAME: Komal Curley

LICENSING EVALUATOR SIGNATURE:

DATE: 03/17/2026

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/17/2026

LIC9099 (FAS) - (06/04)

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