

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 415601178
Report Date: 06/27/2024
Date Signed: 06/27/2024 04:06:20 PM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME: OAKMONT OF BURLINGAME	FACILITY NUMBER: 415601178
ADMINISTRATOR/MORGAN, OREISHA DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 1818 TROUSDALE DRIVE	TELEPHONE: (650) 692-2805
CITY: BURLINGAME	STATE: CA ZIP CODE: 94010
CAPACITY: 97	CENSUS: 79 DATE: 06/27/2024
TYPE OF VISIT: Prelicensing	UNANNOUNCED TIME VISIT/ INSPECTION 01:40 PM
MET WITH: Oreisha Morgan	BEGAN: TIME VISIT/ INSPECTION 04:30 PM COMPLETED:

NARRATIVE	
1	On 6/27/2024 LPA Grace Donato made an unannounced pre-licensing visit to the facility. LPA met with
2	Executive Director, Oreisha Morgan. LPA explained the purpose of the visit.
3	
4	LPA toured the facility including random resident rooms, common areas & kitchen. The passageways
5	were free of obstruction. Residents currently engaged in different activities. The residents have
6	adequate amount of linens and all personal belongings are intact. While touring the facility it was
7	observed that the room temperature was at 72 deg F. Hot water was also tested in the bathrooms and
8	the temperature was 110 deg F. Carbon monoxide monitor is working properly. All fire extinguishers are
9	scheduled for maintenance on 7/5/2024. Additional evacuation chairs in stairwells will be added. Client
10	bathrooms were observed to be in good repair equipped with grab bars and non-skid floors. LPA
11	checked the food supply and there is adequate amount of food, 2 days for perishables and & 7 days
12	non-perishable. Medication is audited monthly by the Resident Care Director.
13	
14	Five client records and five staff records were reviewed. Resident records are updated, complete and
15	signed. Staff records are complete, with training logs.
16	
17	Facility is clean and in good repair based on observations made today. Facility is in compliance with Title
18	22 regulations. No citations are issued. Component III is conducted on this day.
19	
20	
21	No deficiencies are cited at this time. Report is reviewed and a copy is provided.
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Andrea Medlin

NAME OF LICENSING PROGRAM ANALYST: Grace Donato

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/27/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/27/2024

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