

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 415601178
Report Date: 07/15/2026
Date Signed: 07/15/2026 02:16:20 PM

Substantiated

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 **05/22/2026** and conducted by Evaluator Murial Han

PUBLIC	COMPLAINT CONTROL NUMBER: 14-AS-20260522134204
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FACILITY NAME:	OAKMONT OF BURLINGAME	FACILITY NUMBER:	415601178
ADMINISTRATOR:	JANNA O'SULLIVAN	FACILITY TYPE:	740
ADDRESS:	1818 TROUSDALE DRIVE	TELEPHONE:	(650) 692-2805
CITY:	BURLINGAME	STATE:	CA
CAPACITY:	97	ZIP CODE:	94010
		CENSUS:	81
		DATE:	07/15/2026
		UNANNOUNCED TIME BEGAN:	09:30 AM
MET WITH:	Administrator, Janna O'Sullivan	TIME COMPLETED:	02:30 PM

ALLEGATION(S):

1	Facility staff did not provide a full refund upon resident's death
2	Facility staff do not respond to authorized representative
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On July 15, 2026, Licensing Program Analyst (LPA) Murial Han conducted an unannounced visit to
2	delivery the complaint investigation findings. LPA met with the administrator and LPA explained the
3	purpose of today's visit.
4	
5	Regarding allegation of - facility staff did not provide a full refund upon resident's death, the reporting
6	party stated that resident #1 (R1) passed away in the beginning of March and R1's room was cleaned
7	and inspected by a facility staff 2 days later, however, the facility did not refund the remaining March
8	payment when this allegation was made.
9	
10	As part of the investigation, LPA interviewed the administrator and reviewed documents.
11	
12	During LPA's visit on 5/28/2026, LPA interviewed the administrator who presented the refund checks of
13	R1 to LPA and stated that the checks were cut on 3/17/2026 and the facility attempted to call the
	responsible party and ask for a form of mail that he/she preferred but there was no answer so the checks
	were not mailed. The administrator did not remember who and when the calls were made.

SUPERVISORS NAME: April Cowan

LICENSING EVALUATOR NAME: Murial Han

LICENSING EVALUATOR SIGNATURE:

DATE: 07/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/15/2026

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-20260522134204

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

COMPLAINT INVESTIGATION REPORT
(Cont)CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
SAN BRUNO RO, 851 TRAEGER AVE., SUITE 360
SAN BRUNO, CA 94066

FACILITY NAME: OAKMONT OF BURLINGAME

FACILITY NUMBER: 415601178

VISIT DATE: 07/15/2026

NARRATIVE

- 1 On June 12, 2026, the administrator provided a copy of the facility phone call logs for the month of
2 March, and it revealed that three calls were made to the responsible party, however, those calls were
3 made before the refund checks were cut. Therefore, the facility could not prove that R1's responsible
4 party was notified of the refund checks.
5
- 6 Based on the admission agreement, it stated that in the event of the death of a resident, the community
7 shall refund any fees paid in advance covering the time after the removal of deceased resident's
8 personal property from the suite to the individual(s) or entity contractually responsible for the fees, or as
9 applicable, the resident's estate, within fifteen (15) days following the removal of the deceased
10 resident's personal property.
11
- 12 After the investigation, this allegation is substantiated as during LPA's visit on 5/28/2026, LPA observed
13 the refund checks were at the facility and the facility could not prove that R1's responsible party was
14 notified of the refund checks.
15
- 16 Regarding the allegation of - facility staff do not respond to authorized representative, the reporting party
17 stated that in January 2026, R1's responsible party provided a letter to the administrator inquiring about
18 R1's monthly rent and care increase. However, they did not get any response back from the facility.
19
- 20 As part of the investigation, LPA interviewed the administrator who acknowledged that the letter was
21 received on January 2, 2026 and the administrator had a verbal conversation with the Regional Director
22 about it but did not get any responses back. Therefore, there was no follow-up provided to R1's
23 responsible party.
24
- 25 After the investigation, this allegation is substantiated.
26
- 27 Based on interviews, record reviews, and observations during the investigation, the preponderance of
28 evidence standard has been met. Therefore, this allegation was determined to be substantiated.
29
- 30 Deficiencies of the California Code of Regulations, Title, 22 cited on the LIC9099-D. Failure to correct
31 the deficiencies may result in civil penalties.
32
- 33 This report is reviewed and discussed with the administrator; a copy is provided with Appeal Rights
provided.

SUPERVISORS NAME: April Cowan

LICENSING EVALUATOR NAME: Murial Han

LICENSING EVALUATOR SIGNATURE:

DATE: 07/15/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/15/2026

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** OAKMONT OF BURLINGAME**FACILITY NUMBER:** 415601178**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 07/15/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 07/24/2026 Section Cited HSC 1569.652(c)	1 §1569.652 Termination of admission 2 agreement upon death of resident; 3 removal of resident's property; refund of 4 fees paid; notice of contract termination 5 and refunds(c)A refund of any fees paid 6 in advance..within 15 days after the 7 personal property is removed.	1 During today's visit, the administrator 2 stated that they are in communication 3 with R1's RP regarding the checks. 4 5 6 7
	8 This requirement is not met as 9 evidenced by based on record reviews, 10 interviews and observation, R1 passed 11 away in the begining of March 2026 12 and all of R1's personal property was 13 removed 2 days later and as of May 14 2026 which poses a potential health and safety risks to residents in care.	8 The administrator will develop a plan to 9 ensure facility is in compliance with 10 resident refunds. The administrator will 11 provide a copy of the plan to CCL by 12 7/24/2026. 13 14
Type B 07/22/2026 Section Cited CCR 87468.1(a)(9)	1 87468.1Personal Rights of Residents in 2 All Facilities(a) Residents in all 3 residential care facilities for the elderly 4 shall have all of the following personal 5 rights:(9) To have communications to 6 the licensee from their representatives 7 answered promptly and appropriately	1 The administrator will develop a plan of 2 correction to ensure resident's 3 representatives inquires are answered 4 promptly and appropriately. The 5 administrator will provide a copy of the 6 plan of correction to CCL by 7
	8 This requirement is not met as 9 evidenced by based on record reviews, 10 interviews and observations, R1's 11 responsible party provided a letter to 12 administrator inquiring about R1's 13 monthly payment but did not get 14 answered promptly which posed a potential health and safety risks to residents in care.	8 7/25/2026. 9 10 11 12 13 14

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**SUPERVISOR'S NAME:** April Cowan**LICENSING EVALUATOR NAME:** Murial Han**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/15/2026**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 07/15/2026