

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435202818
Report Date: 06/09/2023
Date Signed: 06/09/2023 05:13:18 PM

Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/01/2023** and conducted by Evaluator Ryker Heberle

	COMPLAINT CONTROL NUMBER: 26-AS-20230601152026
--	---

FACILITY NAME: OAKMONT OF SAN JOSE	FACILITY NUMBER: 435202818
ADMINISTRATOR: SAN SOR	FACILITY TYPE: 740
ADDRESS: 917 THORNTON WAY	TELEPHONE: (408) 371-7100
CITY: SAN JOSE	STATE: CA
CAPACITY: 92	ZIP CODE: 95128
	CENSUS: 63
MET WITH:	DATE: 06/09/2023
	UNANNOUNCED TIME BEGAN: 01:47 PM
	TIME COMPLETED: 05:16 PM

ALLEGATION(S):

1	Staff did not respond to residents call button
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst Ryker Heberle (LPA) conducted an unannounced complaint investigation
2	regarding the above allegation. LPA met with facility Administrator San Sor (Admin).
3	
4	During the course of the investigation, LPA entered a resident room within the memory care wing of the
5	facility and pressed the alarm button in the resident's bathroom. LPA waited at the resident room for 15
6	minutes, but no facility staff responded to the call. LPA met with Memory Care Director Sherry Tham
7	(MCD) and informed her that no caregivers responded to the call. MCD confirmed that a notification for
8	LPA pressing the alarm did appear within the central database.
9	
10	Continued on 9099-C
11	
12	
13	

Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Sarah Yip
NAME OF LICENSING PROGRAM ANALYST: Ryker Heberle
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/09/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/09/2023

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

LIC9099 (FAS) - (06/04)

Page: 1 of 5

Control Number 26-AS-20230601152026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350
SAN JOSE, CA 95131

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: OAKMONT OF SAN JOSE

FACILITY NUMBER: 435202818

VISIT DATE: 06/09/2023

NARRATIVE

- 1 Care giving staff was assembled in the activities room. There were currently 3 caregivers working in the
- 2 memory care wing. 1 caregiver did not have a pager, 1 caregiver had a pager that was not functioning
- 3 properly, and 1 caregiver received the alert, but was busy assisting another resident.
- 4
- 5 LPA reviewed the facility call logs from 06/02/2023 to 06/09/2023. During this period, there were 116
- 6 instances in which calls went out from resident pendant alarms or push alarms located within facility
- 7 rooms that were recorded as not responded to in the facility reports. Facility call logs indicate that these
- 8 calls required a response but never received one.
- 9
- 10 The Department has conducted an investigation of the above allegations. Based on LPA's observations,
- 11 and interviews conducted, the preponderance of evidence standard has been met. Therefore, the
- 12 Department found the above allegation to be SUBSTANTIATED.
- 13
- 14 Deficiency cited. See LIC 9099-D. Exit interview conducted with Administrator San Sor. A copy of this
- 15 report, along with the facility's appeals rights were provided.
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32

NAME OF LICENSING PROGRAM MANAGER: Sarah Yip
NAME OF LICENSING PROGRAM ANALYST: Ryker Heberle
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/09/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/09/2023

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/01/2023** and conducted by Evaluator Ryker Heberle

COMPLAINT CONTROL NUMBER: 26-AS-
20230601152026

FACILITY NAME: OAKMONT OF SAN JOSE**FACILITY NUMBER:** 435202818**ADMINISTRATOR:** SAN SOR**FACILITY TYPE:** 740**ADDRESS:** 917 THORNTON WAY**TELEPHONE:** (408) 371-7100**CITY:** SAN JOSE**STATE:** CA**ZIP CODE:** 95128**CAPACITY:** 92**CENSUS:** 63**DATE:** 06/09/2023**UNANNOUNCED TIME BEGAN:**

01:47 PM

MET WITH: San Sor**TIME****COMPLETED:**

05:16 PM

ALLEGATION(S):

- | | |
|---|---|
| 1 | Staff did not immediately provide resident's authorized representative with facilities policies and |
| 2 | procedures |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |

INVESTIGATION FINDINGS:

- | | |
|----|---|
| 1 | Licensing Program Analyst Ryker Heberle (LPA) conducted an unannounced complaint investigation |
| 2 | regarding the above allegation. LPA met with facility administrator San Sor (Admin). |
| 3 | |
| 4 | During the course of the investigation, LPA determined that there was only one resident (R1) currently at |
| 5 | the facility experiencing alleged issues with provision of documents to authorized representatives. LPA |
| 6 | reviewed the power of attorney agreement for R1. LPA determined the identity of the POA and |
| 7 | interviewed the individual listed (W1). In an interview with W1, W1 stated that the facility has never |
| 8 | withheld or refused to provide documents upon request. W1 stated that the facility has always been |
| 9 | prompt when alerting them to changes in R1's condition and promptly delivers all care updates. |
| 10 | Continued in 9099-C |
| 11 | |
| 12 | |
| 13 | |

Unfounded**Estimated Days of Completion:****NAME OF LICENSING PROGRAM MANAGER:** Sarah Yip**NAME OF LICENSING PROGRAM ANALYST:** Ryker Heberle**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 06/09/2023

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 06/09/2023

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

LIC9099 (FAS) - (06/04)

Page: 3 of 5

Control Number 26-AS-20230601152026**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** OAKMONT OF SAN JOSE**FACILITY NUMBER:** 435202818**VISIT DATE:** 06/09/2023

NARRATIVE

1 Review of facility email correspondence with family members of residents indicate that the facility
 2 delivered permissible requested documents to requesting parties within an appropriate time frame.
 3
 4 This Department has investigated the above allegation. Based on interviews conducted, and records
 5 reviewed, the Department has found that this allegation is UNFOUNDED, meaning that the allegation is
 6 false, could not have happened and/or is without a reasonable basis.
 7
 8 Exit interview conducted with licensee/administrator. A copy of this report was provided for signature.
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25
 26
 27
 28
 29
 30
 31
 32

NAME OF LICENSING PROGRAM MANAGER: Sarah Yip
NAME OF LICENSING PROGRAM ANALYST: Ryker Heberle
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 06/09/2023

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 06/09/2023

LIC9099 (FAS) - (06/04)

Page: 4 of 5

Control Number 26-AS-20230601152026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
--	---

FACILITY NAME: OAKMONT OF SAN JOSE

FACILITY NUMBER: 435202818

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/09/2023

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 06/16/2023 Section Cited CCR 87411(a)	1 87411 - Personnel Records - (a) Facility 2 personnel shall at all times be sufficient 3 in numbers, and competent to provide 4 the services necessary to meet resident 5 needs. This requirement was not met 6 as evidenced by: 7	1 Licensee to provide in-service training 2 to facility staff to retrain staff on how to 3 respond to resident pendant and alarm 4 calls. Facility to begin daily monitoring 5 of call logs to check response times 6 and provide POC by due date. 7
	8 Based on LPA observation and records 9 review, facility staff did not responded 10 to calls for assistance from resident call	8 9 10

	11 12 13 14	pendants and alarms. This poses a potential threat to the health and safety of residents in care.	11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	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 MANAGER: Sarah Yip	
NAME OF LICENSING PROGRAM ANALYST: Ryker Heberle	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 06/09/2023
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/09/2023