

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435202818
Report Date: 01/28/2026
Date Signed: 01/28/2026 03:29:41 PM

Unfounded

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 **01/07/2026** and conducted by Evaluator Marcella Tarin

	COMPLAINT CONTROL NUMBER: 26-AS-20260107123034
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FACILITY NAME: OAKMONT OF SAN JOSE	FACILITY NUMBER: 435202818
ADMINISTRATOR: KIPPIE CASTRONOVO	FACILITY TYPE: 740
ADDRESS: 917 THORNTON WAY	TELEPHONE: (408) 371-7100
CITY: SAN JOSE	STATE: CA ZIP CODE: 95128
CAPACITY: 92	CENSUS: 68 DATE: 01/28/2026
MET WITH: Executive Director (ED) Kippie Castronovo	UNANNOUNCED TIME BEGAN: 02:00 PM
	TIME COMPLETED: 03:30 PM

ALLEGATION(S):

1	Facility does not ensure facility elevators are maintained in good repair
2	Facility administrator and staff are falsifying staff training records
3	Facility is not conducting emergency drills
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Marcella Tarin arrived unannounced to deliver the findings for the
2	above allegations. LPA met with Executive Director (ED), Kippie Castronovo. LPA stated the purpose of
3	the visit.
4	
5	On 1/7/2026 the Department received a complaint. On 1/8/2026 the initial complaint investigation was
6	conducted.
7	
8	It was alleged that facility does not ensure facility elevators are maintained in good repair.
9	
10	On 1/7/2026 the Department interviewed the Reporting Party (RP). RP states the facility elevators were
11	broken down on 12/25/2025 and repaired and working on 1/2/2026. RP states the elevators "break but
12	they are repaired but then break again."
13	Page 1 of 3

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Christine Kabariti
LICENSING EVALUATOR NAME: Marcella Tarin
LICENSING EVALUATOR SIGNATURE:

DATE: 01/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/28/2026

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 26-AS-20260107123034

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: 01/28/2026

NARRATIVE

- 1 LPA observed the main and service elevator permits with a date of inspection of 12/5/2023, and an
2 expiration date of 12/5/2024. The permits were issued by the State of California, Department of
3 Industrial Relations, Division of Occupational Safety & Health.
4
5 On 1/8/2026 the Department interviewed the Administrator (ADM) Kippie Castronovo, 5 Staff (S1 to S5),
6 and 3 Residents (R1 to R3). ADM states the two facility elevators (main and service) 'have issues.' ADM
7 states the facility main elevator was out of service sometime in late December 2025 for approximately 8
8 days. ADM states the main elevator was repaired and operational after this incident in December 2025.
9 ADM states the main elevator broke down again in early January 2026. ADM states maintenance is
10 notified any time the elevators are not working.
11
12 On 1/8/2026 the Department interviewed 5 Staff (S1 to S5). 5 out of 5 staff he/she is aware of the facility
13 elevators breaking down. 3 out of 5 staff state the facility repairs the elevators any time the elevators are
14 broken down. 2 Out 3 did not provide additional information.
15
16 On 1/8/2026 the Department interviewed 3 Residents (S1 to S3). 3 Out of 3 residents state he/she is
17 aware of the facility elevators not working sometimes. 2 Out of 3 residents state the facility repairs the
18 elevators when they are broken down. R3 did not provide additional information.
19
20 Review of facility elevator service logs, a 'Callback' was placed on 1/3/2026 at 12:54PM, with 'End Date'
21 of 1/3/2026 1:30PM. The log notes labor hours as 1 hour and 15 minutes for the repair. LPA also
22 observed 'Callback' for 12/17/2025 at 7:59AM with 'End Date' of 12/17/2025, with time of 30 minutes,
23 and labor 45 minutes, a 'Callback' on 12/18/2025 at 6:29PM, with an 'End Date' of 12/18/2025 at
24 8:15PM, with 4 hours and 45 minutes of regular time, 45 minutes of labor.
25
26 **Facility administrator and staff are falsifying staff training records**
27
28 It has been alleged that that facility ADM and staff are falsifying training records.
29
30 On 1/7/2026 the Department interviewed the Reporting Party (RP). RP states the ADM falsifies staff
31 training records so 'she would not have a bad number, reflect bad on her as a manager.' RP states the
32 ADM "made" him/her participate in falsifying staff training documents for the past 7 months.

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SUPERVISORS NAME: Christine Kabariti
LICENSING EVALUATOR NAME: Marcella Tarin
LICENSING EVALUATOR SIGNATURE:

DATE: 01/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/28/2026

LIC9099 (FAS) - (06/04)

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Control Number 26-AS-20260107123034

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: OAKMONT OF SAN JOSE

FACILITY NUMBER: 435202818

VISIT DATE: 01/28/2026

NARRATIVE

1 On 1/8/2026 the Department interviewed 5 Staff (S1 to S5). 4 out of 5 staff he/she completes his/her
2 own training online. 4 Out of 5 staff state he/she logs into the training using his/her own personalized
3 login information. LPA was unable to ask S5 this question due to S5 being called away to assist a
4 resident.

5
6 LPA reviewed 7 random staff training records. 7 Out of 7 staff trainings document "hours, dates,
7 modules, status, grade, completion date." 2 Out of 7 staff training records note individual user
8 information for staff. 5 Out of 7 staff training records only note the staff name. Staff training included but
9 not limited to dementia care, essential resident rights, fire safety.

Facility is not conducting emergency drills

11
12
13 On 1/7/2026 the Department interviewed Reporting Party (RP). RP states he/she observed the ADM tell
14 another staff member that she 'falsified' the emergency training records. RP states this occurred about 1
15 or 2 months ago.

16
17 On 1/8/2026 the Department interviewed 5 Staff (S1 to S5). 1 Out 5 staff state he/she has participated in
18 an emergency drill in 2025. 3 Out of 5 staff stated he/she has not participated in an emergency drill but
19 also stated he/she was not sure if they participated in an emergency drill. S4 states he/she was not sure
20 because he/she only works 3 days a week at the facility. LPA was unable to ask S5 this question due to
21 S5 being called away to assist a resident.

22
23 Review of facility emergency drill logs note the facility conducted emergency drills each month from
24 January 2025 to December 2025, with an in-service sign in sheet signed by facility staff.

25
26 This agency has investigated the complaint alleging facility does not ensure facility elevators are
27 maintained in good repair, facility administrator and staff are falsifying staff training records, facility is not
28 conducting emergency drills. We have found that the complaint was **UNFOUNDED** meaning that the
29 allegation was false, could not have happened and/or is without a reasonable basis.

30
31
32
No deficiencies were cited during today's visit per California Code of Regulations, Title 22. An exit
interview was conducted with Executive Director (ED) and a copy of this report was provided.

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END OF REPORT

SUPERVISORS NAME: Christine Kabariti

LICENSING EVALUATOR NAME: Marcella Tarin

LICENSING EVALUATOR SIGNATURE:

DATE: 01/28/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/28/2026