

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 496803998  
Report Date: 01/26/2022  
Date Signed: 01/27/2022 11:03:54 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: OAKMONT GARDENS	FACILITY NUMBER: 496803998
ADMINISTRATOR:SORIANO, MARIELE'	FACILITY TYPE: 740
ADDRESS: 301 WHITE OAK DRIVE	TELEPHONE: (707) 921-1861
CITY: SANTA ROSA	STATE: CA
CAPACITY: 79	ZIP CODE: 95409
TYPE OF VISIT: Prelicensing	CENSUS: 45
MET WITH: Interim Administrator, Melinda Ward	DATE: 01/26/2022
	UNANNOUNCEDTIME BEGAN: 02:15 PM
	TIME COMPLETED: 04:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Erik Gonzalez-Campos arrived announced, to conduct a Pre-Licensing
2	Inspection and met with interim administrator, Melinda Ward. LPA spoke with current administrator
3	Mariele Soriano who agreed to have LPA perform inspection and Component III with Melinda Ward.
4	Facility currently has 45 residents in assisted living and 79 in independent living
5	
6	LPA and interim administrator toured the facility and grounds. Facility is a three story building with 56
7	assisted living apartments and 107 independent living apartments. Resident bedrooms have required
8	furnishings, such as a dresser, night stand, lamp and bed linens. Bathroom showers have non-skid mats
9	and grab bars for safety. LPA confirmed that contents of the facility First Aid Kit were sufficient. LPA was
10	unable to measure water temperature but facility has a history of compliance, water temperature last
11	measured at 109.8 and 114.3 degrees Fahrenheit. Facility has sufficient items used for cooking and
12	eating. Facility locks medication in a locked medication room. Assisted living resident files are stored in
13	the medication room. Staff files are kept in the business manager's office. Cleaning supplies and toxins
14	were observed on locked cleaning carts. Perishable and non-perishable foods observed per regulation.
15	Interim administrator indicated that facility underwent internal audit of resident files in preparation for
16	change of ownership.
17	
18	Facility received an approved fire clearance dated November 17, 2021 that allows for 69 non-
19	ambulatory residents and 10 bedridden residents. Facility has space indoors and outdoors for client
20	activities.
21	
22	Component III reviewed with interim administrator.
23	
24	LPA will notify Application Unit so application process may proceed.
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Kimberley Mota
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Erik Gonzalez Campos

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 01/26/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 01/26/2022

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