

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496803998
Report Date: 09/04/2025
Date Signed: 09/04/2025 03:58:36 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100	
		SANTA ROSA, CA 95405	
FACILITY NAME: OAKMONT GARDENS		FACILITY NUMBER:	496803998
ADMINISTRATOR/KABADI, SANJAY		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(707) 538-1914
ADDRESS: 301 WHITE OAK DRIVE	STATE: CA	ZIP CODE:	95409
CITY: SANTA ROSA	CENSUS:	DATE:	09/04/2025
CAPACITY: 79	UNANNOUNCED TIME VISIT/INSPECTION		09:08 AM
TYPE OF VISIT: POC	BEGAN:		
MET WITH: Sanjay Kabadi, Administrator	TIME VISIT/INSPECTION		04:13 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Christi Coppo arrived at this facility unannounced, to conduct a Case
2	Management visit. LPA was greeted by concierge. Sanjay Kabadi, Administrator was unavailable but
3	greeted LPA later.
4	
5	On 7/17/25 LPA issued citations for deficiencies of regulations: Health and Safety Code
6	(HSC)1569.269(a)(6), CCR 87465(h)(5), and CCR 87465(a)(4). The plan of correction for
7	HSC1569.269(a)(6) required facility to submit plan to CCL to conduct personal rights training and
8	training for all direct care staff on prompt call/pendant response times by plan of correction due date.
9	Training to be conducted through facility's chosen vendor, Relias as well as an in-service training by no
10	later than 8/7/25. The plans of correction for deficiencies of CCR 87465(h)(5) and 87465(a)(4) required
11	facility to submit plan to conduct in-service training on pre-pouring medication and medication
12	administration training by plan of correction due date. In-service training to be conducted no later than
13	8/7/25. Additionally, facility to submit written procedure plan to conduct daily audit of medication closet
14	and medication cart to ensure staff are not pre-pouring medications, by no later than 8/7/25.
15	
16	On 7/18/25, Health Services Assistant (HSA) Pam Brown submitted required plans for these
17	deficiencies. However, as of today, CCL has not received the in-service training logs nor the Relias
18	training records required for the plan of correction. So, these deficiencies are being re-cited today
19	(deficiencies cited, see 809D).
20	
21	During visit, LPA found medication room unattended, unlocked, and with medication bubble pack
22	accessible to residents (deficiency cited, see 809D).
23	
24	
25	Continued on 809C...

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi

NAME OF LICENSING PROGRAM ANALYST: Christi Coppo

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/04/2025

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a

deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100
	SANTA ROSA, CA 95405

FACILITY NAME: OAKMONT GARDENS

FACILITY NUMBER: 496803998

VISIT DATE: 09/04/2025

NARRATIVE	
1	Continued from 809...
2	
3	LPA also observed Centrally Stored Medication closet to contain a rainbow medi-set pillbox with
4	medications present, giving the appearance of pre-pouring. Per LPA interview with Jody Livingston,
5	Health and Wellness director (HWD) facility has stopped pre-pouring. She explained that the
6	medications found were not pre-poured but rather were medications given to the facility by a resident.
7	The pillbox was waiting to be destroyed because the pills were not labeled and it is Oakmont Gardens'
8	policy that any medication not in a pharmacy bottle is not acceptable. HWD emphasized to LPA that in
9	her view, the medication pillbox was not in rotation and was in the overflow section of the medication
10	closet such that they would not be confused with any medications being given to residents. No citation
11	issued today; however, LPA discussed with HWD facility's compliance history with pre-pouring
12	medications and that today's appearance of pre-pouring is out of compliance with regulation. LPA
13	advised that all medications needing to be destroyed should be destroyed immediately. HWD agreed
14	and expressed to LPA that going forward all medications needing to be destroyed will be destroyed
15	immediately.
16	
17	Additionally, during visit, LPA observed black and white fuzzy substance inside exposed walls in hallway
18	by rooms #113-#116 which appears wet, dark in color, and has the odor of mildew. Insides of walls are
19	exposed as well as some portions of the ceiling, exposing pipes in the wall and in the ceiling. Holes in
20	wall were observed to be on the corner of the hallway by room#116, in the ceiling by room #116 and at
21	the end of the hallway by room #113. Exposed portions of walls are covered by a thin clear piece of film
22	held up by pieces of tape. Exposed portions of ceiling are not covered. LPA observed odor of mildew to
23	be strongest at the end of the hallway by room #113. Black and white fuzzy substance that appears wet
24	and dark in color and has the odor of mildew is accessible to residents and film covering hole does not
25	appear to mitigate any potential airborne health hazards. LPA observed exposed inner portion of wall on
26	the corner by room #116 to have discoloration coming from the appearance of recently being covered
27	with paint (deficiency cited, see 809D). LPA spoke to Asst Maintenance person (S1), who explained to
28	LPA that when railing was installed in this hallway whomever did the installation must have damaged the
29	pipes in the wall in that location because beginning Thursday, 8/29/25 moisture was noticeably
30	collecting and pooling at the bottom of the wall. Once the moisture was observed, facility maintenance
31	cut open the wall to find the leaking pipes, as well as the ceiling. The leak was found and now facility is
32	waiting for plumber to arrive and fix the leaks.
	Continued on 809C(2)...

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi	
NAME OF LICENSING PROGRAM ANALYST: Christi Coppo	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/04/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/04/2025
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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** OAKMONT GARDENS**FACILITY NUMBER:** 496803998**VISIT DATE:** 09/04/2025**NARRATIVE**

1 Continued from 809C...

2

3 While at facility, LPA also followed up on Incident Reports submitted to CCL on 8/29/25 for residents R1,
4 R2, and R3, each of these residents had experienced a fall but refused emergency medical services
5 (EMS). Incident Report for R1, indicated R1 complained of headache but denied hitting their head, R2
6 was found on the floor face down but also denied hitting their head, and R3 stated they did hit their
7 head.

8

9 However, each of these residents refused EMS. LPA discussed incidents with HWD. LPA discussed the
10 importance of getting potential head injuries assessed by a medical professional. LPA explained that it is
11 a resident's right to refuse EMS, but the facility must document each instance of resident refusal. HWD
12 advised LPA that facility does document all resident refusals for EMS. However, HWD could not produce
13 documented refusals for LPA. LPA also discussed with HWD that if a resident has a behavioral
14 expression of cognitive impairment, then best practices are that EMS should be called to assess
15 resident. Additionally, if a residents' family member expresses their wish for EMS not to be called, to
16 maintain compliance with regulation, facility is required to call EMS.

17

18 **Deficiencies cited from the California Code of Regulations, Title 22, Division 6 of California**
19 **Regulation and the Health and Safety Code. Appeal rights given and discussed with**
20 **Administrator. Failure to correct the deficiency and/or repeat deficiencies within a 12 month**
21 **period may result in civil penalties.**

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23 **Exit interview conducted with Administrator and a copy of this report was given.**

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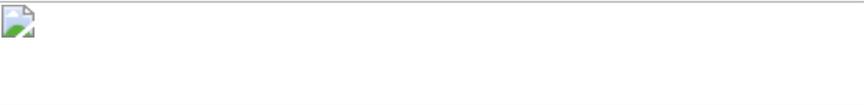
32

NAME OF LICENSING PROGRAM MANAGER: Victoria Bertozzi**NAME OF LICENSING PROGRAM ANALYST:** Christi Coppo**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 09/04/2025**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 09/04/2025**Document Has Been Signed on 09/04/2025 03:58 PM - It Cannot Be Edited****Created By: Christi Coppo On 09/04/2025 at 01:25 PM****Link to Parent Document Below:****FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** OAKMONT GARDENS**FACILITY NUMBER:** 496803998**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 09/04/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	

<p>Type A 09/05/2025 Section Cited</p>	<p>1 87465 Incidental Medical and Dental 2 Care (h) The following requirements 3 shall apply to medications which are 4 centrally stored (5) Each resident's 5 medication shall be stored in its 6 originally received container. No 7 medications shall be transferred between containers.</p>		
	<p>8 This requirement not met by licensee 9 as evidenced by: Based on LPA and 10 HWD interview, staff are pre-pouring 11 medications, resulting in medication 12 errors, which poses an immediate 13 health, safety or personal rights risk 14 to persons in care.</p>	<p>8 cart to ensure staff are not pre- 9 pouring medications, by no later than 10 9/18/25. 11 12 13 14</p>	
<p>Type A 09/05/2025 Section Cited</p>	<p>1 87465 Incidental Medical and Dental 2 Care (a) A plan for incidental medical 3 and dental care shall be developed... 4 (4) The licensee shall assist 5 residents with self-administered 6 medications as needed. This 7 requirement not met by licensee as evidenced by: residents R1, R2, R3, R4, R5, R6, and R7 were</p>		
	<p>8 each administered the wrong 9 medication, which poses an 10 immediate health, safety or personal 11 rights risk to persons in care 12 13 14</p>	<p>8 9 10 11 12 13 14</p>	

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	Victoria Bertozzi
MANAGER:	
NAME OF LICENSING PROGRAM	Christi Coppo
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 09/04/2025
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Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 09/05/2025 Section Cited	1 §1569.269 Enumerated rights; 2 severability (a) Residents of 3 residential care facilities for the 4 elderly shall have all of the following 5 rights: (6) To care, supervision, and 6 services that meet their individual 7 needs... This requirement not met by licensee as		
	8 evidenced by: R1 waited in excess of 9 33 minutes for staff response after 10 activating pendant alert for 11 assistance, which poses an 12 immediate health, safety or personal 13 rights risk to persons in care. 14	8 9 10 11 12 13 14	
Type A 09/05/2025 Section Cited	1 (h)The following requirements shall 2 apply to medications which are 3 centrally stored: (2)Centrally stored 4 medicines shall be kept in a safe and 5 locked place that is not accessible to 6 persons other than employees 7 responsible for the supervision of the centrally stored medication		
	8 This requirement not met by licensee 9 as evidenced by: based on LPA 10 observation medication room left 11 unattended, door unlocked, and with 12 medications accessible to residents, 13 which poses an immediate health, 14 safety or personal rights risk to persons in care.	8 9 10 11 12 13 14	

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Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 09/05/2025 Section Cited	1 (a) The facility shall be clean, safe, 2 sanitary and in good repair at all 3 times. Maintenance shall include 4 provision of maintenance services 5 and procedures for the safety and 6 well-being of residents, employees 7 and visitors. This requirement not met by licensee as evidenced by:		
	8 Based on LPA observation, black and 9 white fuzzy substance that appears 10 wet and dark in color and has the 11 odor of mildew, found inside exposed 12 walls in hallway by rooms #113-#116, 13 which poses an immediate health, 14 safety or personal rights risk to persons in care.	8 LPA will review plan and if plan is in 9 compliance with regulation, then 10 facility will implement plan and have 11 plan completed no later than 9/18/25 12 13 14	
	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.

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