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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 496803998
Report Date: 06/11/2026
Date Signed: 06/11/2026 03:44:16 PM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SANTA ROSA RO, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/09/2026** and conducted by Evaluator Christi Coppo

COMPLAINT CONTROL NUMBER: 21-AS-20260609111125

FACILITY NAME:	OAKMONT GARDENS			**FACILITY NUMBER:**	496803998
ADMINISTRATOR:	KABADI, SANJAY			**FACILITY TYPE:**	740
ADDRESS:	301 WHITE OAK DRIVE			**TELEPHONE:**	(707) 538-1914
CITY:	SANTA ROSA	**STATE:** CA		**ZIP CODE:**	95409
CAPACITY:	79	**CENSUS:** 57		**DATE:**	06/11/2026
		UNANNOUNCED		**TIME BEGAN:**	02:10 PM
MET WITH:	Raymond Rodarte, Business Office Manager			**TIME COMPLETED:**	03:59 PM

ALLEGATION(S):

1	Facility is not responding to call buttons
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Christi Coppo arrived at this facility unannounced, to open an
2	investigation into the above allegations. LPA met with Raymond Rodarte, Business Office Manager
3	(BOM).
4	
5	Upon arrival LPA requested documents. LPA learned that subject of complaint (R1) is an Independent
6	Living (IL) resident. LPA reviewed Admissions Agreement (AA) for R1. AA for R1 is an Independent Living
7	Residency Agreement. LPA reviewed resident roster; R1 has a care level of IL. CCL does not have
8	jurisdiction over IL residents' care needs. LPA discussed with BOM policy of assessing residents for the
9	need to move to Assisted Living (AL) for those needing a higher level of care. BOM advised that if the
10	resident is observed to need a higher level of care, then that observation is discussed with the resident or
11	responsbile party. If they choose to move to AL, the facility will accomodate that, conduct a care needs
12	assessment, and provide a new care plan.
13	
	This agency has investigated the complaint alleging facility is not responding to call buttons. We have found that the complaint was UNFOUNDED, meaning that the allegation was false, could not have happened and/or is without a reasonable basis.

Unfounded	Estimated Days of Completion:

SUPERVISORS NAME: Victoria Bertozzi
LICENSING EVALUATOR NAME: Christi Coppo
LICENSING EVALUATOR SIGNATURE:
DATE: 06/11/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 06/11/2026

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