

# Department of SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 565850168  
Report Date: 03/03/2023  
Date Signed: 03/03/2023 02:34:53 PM

## Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/28/2022** and conducted by Evaluator Elsie Campos

	<b>COMPLAINT CONTROL NUMBER: 29-AS-20220628083047</b>
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<b>FACILITY NAME:</b> OAKMONT OF RIVERPARK	<b>FACILITY NUMBER:</b> 565850168
<b>ADMINISTRATOR:</b> BERGAN, KIM	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 901 TOWN CENTER DRIVE	<b>TELEPHONE:</b> (805) 940-0390
<b>CITY:</b> OXNARD	<b>STATE:</b> CA
<b>CAPACITY:</b> 140	<b>ZIP CODE:</b> 93036
<b>MET WITH:</b> Chris Andersen	<b>CENSUS:</b> 88
	<b>DATE:</b> 03/03/2023
	<b>UNANNOUNCED TIME BEGAN:</b> 02:00 PM
	<b>TIME COMPLETED:</b> 02:40 PM

### ALLEGATION(S):

1	Staff are not showering residents
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Elsie Campos conducted a subsequent complaint visit to deliver the
2	findings on the the above allegations. LPA met with administrator Chris Andersen and explained the
3	reason for the visit.
4	
5	On 07/01/2022, from 9:30am to 12:38pm, Licensing Program Analysts (LPAs) Teresa Camara and Elsie
6	Campos conducted the initial complaint visit. LPAs Camara and Campos met with Memory Care Director
7	Sylvia Williams, LVN; at 10:55am, LPAs conducted an interview with a visitor. At approximately 10:15am,
8	LPAs conducted a brief tour of memory care and the main lobby area of the facility. LPAs obtained
9	pertinent documents at approximately 12:15pm. LPAs determined further investigation was needed prior
10	to issuing findings. On 1/17/2023 LPA Campos conducted a subsequent visit. LPA Campos met with
11	Memory Care Director Sheila Ramirez at 11:15 a.m. LPA conducted an interview with staff at 11:40 a.m.,
12	12:25 p.m., 1:25 p.m. 2:40 p.m., 3:05 p.m. and 4:08 p.m. The LPA obtained pertinent documents at
13	approx. 1:30 p.m. Further investigation is needed prior to issuing findings.

**Unsubstantiated** Estimated Days of Completion:

**NAME OF LICENSING PROGRAM MANAGER:** Jeralyn Ann Pfannenstiel  
**NAME OF LICENSING PROGRAM ANALYST:** Elsie Campos  
**LICENSING PROGRAM ANALYST SIGNATURE:** **DATE:** 03/03/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:** **DATE:** 03/03/2023

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  
**COMPLAINT INVESTIGATION REPORT**  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 21731 VENTURA BLVD.  
#250  
WOODLAND HILLS, CA 91364

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**CAPACITY:** 140 **CENSUS DATE:** 03/03/2023  
**MET WITH:** UNANNOUNCED **TIME BEGAN:** 02:00 PM  
**TIME COMPLETED:** 02:40 PM

- ALLEGATION(S):**
- 1 Staff are not meeting residents' incontinence needs
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**INVESTIGATION FINDINGS:**

1 Licensing Program Analyst (LPA) Elsie Campos conducted a subsequent complaint visit to deliver the  
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12 12:25 p.m., 1:25 p.m. 2:40 p.m., 3:05 p.m. and 4:08 p.m. The LPA obtained pertinent documents at  
13 approx. 1:30 p.m. Further investigation is needed prior to issuing findings.

**Substantiated** Estimated Days of Completion:

**NAME OF LICENSING PROGRAM MANAGER:** Jeralyn Ann Pfannenstiel  
**NAME OF LICENSING PROGRAM ANALYST:** Elsie Campos  
**LICENSING PROGRAM ANALYST SIGNATURE:** **DATE:** 03/03/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 03/03/2023

This report must be available at Child Care and Group Home facilities for public review for 3 years.  
 LIC9099 (FAS) - (06/04) Page: 2 of 5

**Control Number** 29-AS-20220628083047

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
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**FACILITY NAME:** OAKMONT OF RIVERPARK **FACILITY NUMBER:** 565850168  
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 03/03/2023

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<b>Request Denied</b> Type A 03/04/2023 <b>Section Cited</b> CCR 87625(b)(3)	1 87625(b)(3) Managed 2 Incontinence...the licensee shall be 3 responsible for the following: Ensuring 4 that incontinent residents are kept clean 5 and dry and that the facility remains 6 free of odors from incontinence. 7 This requirement is not met as 8 evidenced by:	1 The Administrator agreed to do the 2 following: 1. Submit a Plan of Action, 3 indicating how staff will care for 4 residents with bladder and bowel 5 incontinence and how the facility will 6 manage R2's room cleanings. Submit 7 plan of action no later than 3/6/2023.
	8 Based on interviews, record review and 9 observation, the licensee did not 10 comply with the section cited above, as 11 they did not ensure residents' 12 incontinence was properly managed, 13 which poses an immediate health and 14 safety risk to residents in care.	8 2. Hold an in-service training with all 9 staff regarding regulation 87625 10 Managed Incontinence. Submit sign-in 11 sheet of completed training within the 12 next seven days, but no later than 13 3/11/2023. 14

**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Jeralyn Ann Pfannenstiel <b>NAME OF LICENSING PROGRAM ANALYST:</b> Elsie Campos <b>LICENSING PROGRAM ANALYST SIGNATURE:</b> _____ <b>DATE:</b> 03/03/2023
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<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>
<b>FACILITY REPRESENTATIVE SIGNATURE:</b> _____ <b>DATE:</b> 03/03/2023

LIC9099 (FAS) - (06/04) Page: 3 of 5  
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
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**FACILITY NAME:** OAKMONT OF RIVERPARK **FACILITY NUMBER:** 565850168  
**VISIT DATE:** 03/03/2023

NARRATIVE

1 On 2/26/23 LPA Campos met with Memory Care Director Sheila Ramirez at approximately 9:50 a.m.,  
2 obtained pertinent documents, interviewed staff at 12:30 p.m., 12:58 p.m., 1:18 p.m. and 1:35 p.m., 2:20  
3 p.m. and 3:27 p.m. interviewed residents at 11:15 a.m., 11:23 a.m., 11:27 a.m. and 3:16 p.m. Findings  
4 were delivered during today's visit.

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Regarding the allegation: Staff are not meeting residents' incontinence needs

It was alleged that staff will not help residents with going to the bathroom and yell at them for asking for help and as a result would be left in soiled diapers. Interviews with Staff #1 (S1) and Staff #2 (S2) denied claims that residents are yelled at or turned away from being helped with toileting. Interviews with facility staff confirmed residents are checked regularly approximately every two (2) hours to ensure that they are changed in a timely manner. Additional staff interviews denied claims that staff yell or fail to meet resident incontinence needs. Resident interviews revealed that some carry pendants in which the facility has failed to answer timely resulting in the residents to have to wait up to an hour or call the front desk for assistance. Staff interviews confirmed that memory care residents have called the front desk for assistance. A record review confirmed that pendants were not being answered timely. Additionally, the LPA observed Resident #2 (R2's) room to have a heavy smell of urine upon entry and throughout the room. Interviews revealed that R2 is often soiling themselves or has accidents throughout the room as too why there is a heavy smell. The facility did not provide evidence that there are additional room cleanings scheduled for R2 based on R2's inability to contain their urine and therefore not meeting R2's incontinence needs. Based on the information obtained, there is sufficient evidence to support the claim that staff are not meeting residents' incontinence needs. This allegation is deemed **Substantiated** at this time.

Pursuant to Title 22, California Code of Regulations, the following deficiency is cited (refer to LIC 9099-D).

Exit interview conducted, appeal rights discussed, and a copy of this report issued.

**NAME OF LICENSING PROGRAM MANAGER:** Jeralyn Ann Pfannenstiel

**NAME OF LICENSING PROGRAM ANALYST:** Elsie Campos

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 03/03/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/03/2023

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**COMPLAINT INVESTIGATION REPORT  
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4 were delivered during today's visit.

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Regarding the allegation: Staff are not showering residents

The complainant alleged that residents were not receiving showers and go a week without getting one. During the LPA's visits, the LPA observed residents for general cleanliness and did not observe residents to be unclean or unkempt. Interviews with residents revealed that residents were being showered twice a week on time, their needs were being met and did not communicate concerns regarding showers. Staff interviews revealed that residents are scheduled to be showered two (2) times a week. The LPA reviewed documents pertaining to showers and confirmed that all residents are on a

14 consistent shower schedule. Based on the information obtained, there is insufficient evidence to support  
15 the claim that residents' overall care needs are not being met. This allegation is deemed  
16 **Unsubstantiated** at this time.  
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18 \*\*Continued on LIC-9099A\*\*  
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