

Department of

# SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 079201085

Report Date: 01/28/2026

Date Signed: 01/28/2026 01:19:42 PM

## Substantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/31/2025** and conducted by Evaluator Carol Fowler

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 15-AS-20250731111939</b>
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<b>FACILITY NAME:</b> OAKMONT OF CONCORD	<b>FACILITY NUMBER:</b> 079201085
<b>ADMINISTRATOR:</b> SOR, KIM S	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 1401 CIVIC COURT	<b>TELEPHONE:</b> (925) 798-4004
<b>CITY:</b> CONCORD	<b>STATE:</b> CA
<b>CAPACITY:</b> 121	<b>ZIP CODE:</b> 94520
<b>MET WITH:</b> KIM S SOR, EXECUTIVE DIRECTOR	<b>DATE:</b> 01/28/2026
	<b>UNANNOUNCED TIME BEGAN:</b> 11:00 AM
	<b>TIME COMPLETED:</b> 01:45 PM

### ALLEGATION(S):

1	Staff left resident soiled for an extended period of time.
2	Staff did not answer resident's call button in a timely manner.
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### INVESTIGATION FINDINGS:

1	On 01/28/2026 at 11:00am, Licensing Program Analyst (LPA), Carol Fowler arrived unannounced to deliver complaint findings for the above allegations. . LPA met with Kim Sor, Executive Director and explained the reason for the visit.
2	
3	
4	
5	During the course of the inestigation, LPA interviewed five (5) staff and four (4) residents, LPA received and reviewed the following documents, resident roster with contact information, Personnel record (LIC500), LIC602 for R1, R1's assessment, and staff schedule for the period of 07/20/2025-08/02/2025.
6	
7	
8	
9	CONTINUE ON LIC 9099C
10	
11	
12	
13	

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Bennett Fong  
**LICENSING EVALUATOR NAME:** Carol Fowler  
**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) Page: 1 of 3  
**Control Number 15-AS-20250731111939**

<b>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</b>	<b>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</b> <b>COMMUNITY CARE LICENSING DIVISION</b> CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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**COMPLAINT INVESTIGATION REPORT (Cont)**

**FACILITY NAME:** OAKMONT OF CONCORD **FACILITY NUMBER:** 079201085  
**VISIT DATE:** 01/28/2026

**NARRATIVE**

1 CONTINUE FROM LIC 9099  
2 **Allegation:** Staff left resident soiled for an extended period of time.  
3  
4 **Investigation Finding:** substantiated.  
5  
6 R1 reported using the facility provided pendant to request assistance, R1 stated that R1 calls the front  
7 desk during daytime hours. R1 stated that R1 was left soiled for more than three hours. Staff member  
8 S3 reported responding to R1 but indicated that staff member S2 who was on duty did not respond to  
9 assist. During the investigation, S2 confirmed being on duty but acknowledged not responding to R1.  
10 Interviews with S2 revealed that two caregivers and one medication technician were assigned during the  
11 NOC shift; however, S2 stated that S2 was not assigned to R1 and was working on the opposite side of  
12 the building. S4 reported that staff are required to conduct routine rounds and change residents every  
13 two hours or as needed. Based on the evidence obtained this allegation is SUBSTANTIATED.  
14  
15 **Allegation:** Staff did not answer resident's call button in a timely manner.  
16  
17 **Investigation Finding:** substantiated.  
18  
19 R1 reported that staff did not respond to the call pendant in a timely manner, resulting in the resident  
20 remaining soiled for several hours. R3 reported that call pendants were not functioning and stated they  
21 had been without a pendant for five days. R3 also reported that the facility is occasionally short staffed,  
22 particularly during the NOC shift, resulting in prolonged wait times for assistance. R4 reported that only  
23 three staff member are assigned during the NOC shift and that if R4 falls three staff members are  
24 required to assist R4 to get up. An interview with staff member S4 confirmed ongoing issues with the  
25 pendant system. S4 also reported that staff complete routine rounds to check residents for assistance  
26 needs. Based on the evidence obtained this allegation is SUBSTANTIATED.  
27  
28 Deficiencies are cited per Title 22 California Code of Regulations and listed on LIC9099D.  
29  
30 Failure to submit proof of correction (POC) by plan of correction due date and/or any repeat deficiencies  
31 within a 12-month period may result in civil penalties.  
32  
Exit interview conducted. Appeal Rights and a copy of this report provided.

**SUPERVISORS NAME:** Bennett Fong  
**LICENSING EVALUATOR NAME:** Carol Fowler  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_  
**DATE:** 01/28/2026

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**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 01/28/2026

LIC9099 (FAS) - (06/04) Page: 2 of 3  
**Control Number 15-AS-20250731111939**

<b>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</b>	<b>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES</b> <b>COMMUNITY CARE LICENSING DIVISION</b>
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**COMPLAINT INVESTIGATION REPORT  
(Cont)**

CCLD Regional Office, 1515 CLAY STREET, STE. 310  
OAKLAND, CA 94612

**FACILITY NAME:** OAKMONT OF CONCORD

**FACILITY NUMBER:** 079201085

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 01/28/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/05/2026 Section Cited CCR 87625(b)(2)(3)	1 (b) In addition to Section 87611, 2 General Requirements for Allowable 3 Health Conditions, the ... 4 (2) Ensuring that incontinent residents 5 are checked ...are known to be 6 incontinent, including during the night. 7 (3) Ensuring that incontinent residents are kept clean and dry and ...	1 Executive Director shall ensure staff are 2 trained to meet the requirements under 3 Sec. 87625 Managed Incontinence. 4 5 6 7
	8 Based on interviews, the ED did not 9 comply with the regulation cited above 10 by not providing care to residents in a 11 timely manner which poses a potential 12 health and safety risk to persons in 13 care. 14	8 Copies of completed training 9 certificates, attendance sheet, and 10 training agenda shall be received by the 11 CCLD by the POC date. 12 13 14
Type B 02/05/2026 Section Cited CCR 87303(i)(1)(A)(B)(C)	1 87303 Maintenance and Operation (i) 2 Facilities shall have signal systems 3 which ...criteria: (1) All facilities licensed 4 for 16 or more and all residential 5 facilities having separate floors or ... 6 have a signal system which shall...(A) 7 Operate...(B) Transmit...(C) Identify...unit -This requirement is not met as evidenced by:	1 ED agreed to continue to monitor the 2 system for the call pendants systems, 3 alert all parties of malfunctions, review 4 regulation, 5 6 7
	8 Based on interviews, the Executive 9 Director did not comply with the 10 regulation cited above by not ensuring 11 that the call pendants were working 12 properly at all times and not providing 13 care to residents' in a timely manner 14 which poses a potential health and safety risk to persons in care.	8 provide in-service training to all staff, 9 and submit a copy of training with staff 10 signatures to CCLD by POC. 11 12 13 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>SUPERVISORS NAME:</b> Bennett Fong <b>LICENSING EVALUATOR NAME:</b> Carol Fowler <b>LICENSING EVALUATOR SIGNATURE:</b>		<b>DATE:</b> 01/28/2026
<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> 01/28/2026