

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 092700750
Report Date: 08/26/2025
Date Signed: 08/26/2025 01:18:20 PM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/21/2025** and conducted by Evaluator Lavinia Muscan

	COMPLAINT CONTROL NUMBER: 59-AS-20250821132626
--	---

FACILITY NAME: OAKMONT OF EL DORADO HILLS	FACILITY NUMBER: 092700750
ADMINISTRATOR: ROGERS, CHAD	FACILITY TYPE: 740
ADDRESS: 2020 TOWN CENTER WEST WAY	TELEPHONE: (916) 467-8330
CITY: EL DORADO HILLS	STATE: CA ZIP CODE: 95762
CAPACITY: 129	CENSUS: 93 DATE: 08/26/2025
MET WITH: Administrator Chad Rogers	UNANNOUNCED TIME BEGAN: 12:15 PM
	TIME COMPLETED: 01:30 PM

ALLEGATION(S):

1	Facility is malodorous
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 8/26/2025, Licensing Program Analyst (LPA) Lavinia Muscan arrived at the facility unannounced to
2	open complaint regarding allegation listed above and met with Administrator Chad Rogers. During the
3	investigation, the Department conducted interviews and reviewed documentation pertinent to the
4	investigation. The results of the investigation are as follows:
5	Department investigated allegation, "Facility is malodorous". The facility was toured on 8/26/2025 and
6	several other occasions and observed to be clean, sanitary, and free from odor. Resident rooms,
7	common areas, kitchen area, and dining room were toured. Four (4) staff members were interviewed in
8	which they stated housekeeping and other staff keep the facility clean and free from odor. Staff stated
9	due to resident incontinent care needs, at times there may be a temporary smell, but staff take care of
10	the problem in a timely manner. Due to interviews and observation, the department finds allegation to be
11	UNFOUNDED. A finding of unfounded means that the allegation is false, could not have happened
12	and/or is without a reasonable basis.
13	Exit interview conducted and report left with facility.

Unfounded

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Laura Munoz

NAME OF LICENSING PROGRAM ANALYST: Lavinia Muscan

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/26/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/26/2025

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 1