

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 092700750
Report Date: 03/03/2026
Date Signed: 03/03/2026 03:53:27 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 **12/05/2025** and conducted by Evaluator Lavinia Muscan

	COMPLAINT CONTROL NUMBER: 59-AS-20251205090838
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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: 88 DATE: 03/03/2026
MET WITH: Administrator Chad Rogers	UNANNOUNCED TIME BEGAN: 03:30 PM
	TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1	Staff not providing medical attention to resident in a timely manner.
2	Staff are not following resident's care plan.
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INVESTIGATION FINDINGS:

1	On March 3, 2026, Licensing Program Analyst (LPA) Lavinia Muscan arrived at the facility unannounced to deliver complaint findings into the allegations listed above and met with Administrator Chad Rogers.
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3	
4	During the investigation, the Department conducted interviews and reviewed documentation pertinent to the investigation.
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6	
7	The results of the investigation are as follows:
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9	**Report continued on 9099-C**
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11	
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Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Lavinia Muscan
LICENSING EVALUATOR SIGNATURE:

DATE: 03/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/03/2026

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

LIC9099 (FAS) - (06/04)

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Control Number 59-AS-20251205090838

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 (Cont)

FACILITY NAME: OAKMONT OF EL DORADO HILLS

FACILITY NUMBER: 092700750

VISIT DATE: 03/03/2026

NARRATIVE

1 **Staff not providing medical attention to resident in a timely manner.**
2 During the investigation, the Department conducted interviews and reviewed documentation pertinent to
3 the investigation. Based on five (5) staff and three (3) resident interviews, the typical response time for
4 staff responding to a resident's call alert ranges from 5 minutes to as soon as possible. Residents
5 interviewed stated they have not had issues with staff not responding timely. Staff interviews indicated
6 that staff usually respond to residents' call buttons within 5 minutes or sooner. Staff stated they know the
7 protocol on how to address any medical intervention, and residents had no concerns with timely medical
8 attention. Additionally, staff stated that EMS is right around the corner and arrives quickly if needed.
9 Based upon the information obtained during investigation, the above allegation is unsubstantiated. A
10 finding that the complaint allegation is UNFOUNDED. A finding of unfounded means that the allegation
11 is false, could not have happened and/or is without a reasonable basis.
12
13 **Staff are not following resident's care plan.**
14 The department conducted interviews regarding this allegation. Record reviews and interviews with staff
15 indicated that staff were aware of residents' care and service needs based on residents' needs and
16 service plan. Department review of residents' documentation; Physicians Report, Service and care plan,
17 and interviews conducted revealed that staff were following resident's needs and service plan as
18 documented. After review of residents' files and medical records, department also concluded that facility
19 was following up with residents' doctor, family and department as needed; therefore, above allegation is
20 UNFOUNDED. A finding of unfounded means that the allegation is false, could not have happened
21 and/or is without a reasonable basis.
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23 Exit interview conducted. Report left with facility.
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SUPERVISORS NAME: Laura Munoz
LICENSING EVALUATOR NAME: Lavinia Muscan
LICENSING EVALUATOR SIGNATURE:

DATE: 03/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/03/2026

LIC9099 (FAS) - (06/04)

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