

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107209036

Report Date: 12/17/2021

Date Signed: 12/17/2021 12:51:33 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1314 E SHAW AVE FRESNO, CA 93710	
FACILITY EVALUATION REPORT			
FACILITY NAME: OAKMONT OF NORTH FRESNO		FACILITY NUMBER: 107209036	
ADMINISTRATOR: GUSTIN, PATRICIA		FACILITY TYPE: 740	
ADDRESS: 5605 N GATES AVE		TELEPHONE: (559) 277-5959	
CITY: FRESNO		STATE: CA ZIP CODE: 93722	
CAPACITY: 122		CENSUS: 71 DATE: 12/17/2021	
TYPE OF VISIT: Case Management - Incident		UNANNOUNCED TIME BEGAN: 10:30 AM	
MET WITH: Anjeanette Franco		TIME COMPLETED: 01:30 PM	
NARRATIVE			
1	Licensing Program Analyst (LPA) Katie Brown arrived unannounced at the facility to conduct a Case		
2	Management visit. LPA met with and explained the purpose of the visit with Health Services Director		
3	(HSD) Anjeanette Franco. Administrator Heidi Setty arrived shortly after.		
4			
5	The purpose of the Case Management visit is to follow up on a Special Incident Report (SIR) submitted		
6	to CCLD. The incident occurred on 11/24/21 involving R1.		
7			
8	LPA interviewed staff and reviewed Resident's (R1) file.		
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18	No deficiency cited.		
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24			
25	A copy of this report was provided and an exit interview was conducted with Administrator.		
NAME OF LICENSING PROGRAM MANAGER: Sergiy Pidgirny			
NAME OF LICENSING PROGRAM ANALYST: Katie Brown			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/17/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/17/2021

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