

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
CAPACITY:	122	CENSUS:	71
TYPE OF VISIT:	Case Management - Incident	DATE:	12/17/2021
MET WITH:	Anjeanette Franco	UNANNOUNCED TIME BEGAN:	10:30 AM
		TIME	01:30 PM
		COMPLETED:	

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.
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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.
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8	LPA interviewed staff and reviewed Resident's (R1) file.
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18	No deficiency cited.
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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.