

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 107209036
Report Date: 07/01/2025
Date Signed: 07/01/2025 04:59:07 PM

Unsubstantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **06/27/2025** and conducted by Evaluator Katie Brown

PUBLIC	COMPLAINT CONTROL NUMBER: 24-AS-20250627110501
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FACILITY NAME: OAKMONT OF NORTH FRESNO	FACILITY NUMBER: 107209036
ADMINISTRATOR: SETTY, HEIDI	FACILITY TYPE: 740
ADDRESS: 5605 N GATES AVE	TELEPHONE: (559) 277-5959
CITY: FRESNO	STATE: CA ZIP CODE: 93722
CAPACITY: 122	CENSUS: 85 DATE: 07/01/2025
MET WITH: Mary Davis	UNANNOUNCED TIME BEGAN: 01:00 PM
	TIME COMPLETED: 03:35 PM

ALLEGATION(S):

1	Facility does not ensure Physician ordered diets and restrictions were followed
2	
3	
4	
5	
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7	
8	
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Katie Brown arrived at the facility unannounced to conduct the initial
2	complaint investigation. LPA spoke to Administrator (AD) Heidi Setty on the phone during the visit. LPA
3	met with and explained the reason for the visit and the elements of the allegations with Marketing
4	Director, Mary Davis. LPA delivered investigation findings to the facility during this visit.
5	
6	This Department investigated the allegation: Facility does not ensure Physician ordered diets and
7	restrictions are followed. Staff interviews were conducted which revealed the facility procedure for
8	communication with chef/kitchen staff. Record Review of Resident Dietary Information was conducted
9	and LPA observed dinner being served in Memory Care. Specific resident information was not provided.
10	Based on interview and record review the above allegations are UNSUBSTANTIATED. Although the
11	allegation may have happened or is valid, there is not a preponderance of evidence to prove that the
12	alleged violation did or did not occur.
13	
	There were no citations issued. An exit interview was conducted and a copy of this report was provided.

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Sergiy Pidgirny
NAME OF LICENSING PROGRAM ANALYST: Katie Brown
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/01/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/01/2025

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 2

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COMMUNITY CARE LICENSING DIVISION
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FACILITY NUMBER: 107209036

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CITY: FRESNO

STATE: CA **ZIP CODE:** 93722

CAPACITY: 122

CENSUS: 85 **DATE:** 07/01/2025

MET WITH: Mary Davis

UNANNOUNCED TIME BEGAN: 01:00 PM

TIME COMPLETED: 03:35 PM

ALLEGATION(S):

- | | |
|---|--|
| 1 | Facility did not prevent a resident from wandering away from the facility unassisted |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |

INVESTIGATION FINDINGS:

- | | |
|----|---|
| 1 | Licensing Program Analyst (LPA) Katie Brown arrived at the facility unannounced to conduct the initial |
| 2 | complaint investigation. LPA spoke to Administrator (AD) Heidi Setty on the phone during the visit. LPA |
| 3 | met with and explained the reason for the visit and the elements of the allegations with Marketing |
| 4 | Director, Mary Davis LPA delivered investigation findings to the facility during this visit. |
| 5 | |
| 6 | This Department investigated the allegation: Facility did not prevent a resident from wandering away from |
| 7 | the facility unassisted. Interviews of facility Administrator and staff were conducted with consistent |
| 8 | reporting that there have not been any incidents of resident elopements in the provided timeline. Record |
| 9 | Review of internal incident logs and Incident Reports for June 2025 were reviewed. This Agency has |
| 10 | investigated the allegation listed above. We have found that the allegation is UNFOUNDED, therefore we |
| 11 | have dismissed the allegation. |
| 12 | |
| 13 | There were no citations issued. An exit interview was conducted and a copy of this report was provided. |

Unfounded

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Sergiy Pidgirny
NAME OF LICENSING PROGRAM ANALYST: Katie Brown
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/01/2025

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

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