

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 107209036  
Report Date: 01/13/2026  
Date Signed: 01/13/2026 05:21:29 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/08/2025** and conducted by Evaluator Katie Brown

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 24-AS-20250908113755</b>
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<b>FACILITY NAME:</b> OAKMONT OF NORTH FRESNO	<b>FACILITY NUMBER:</b> 107209036
<b>ADMINISTRATOR:</b> SETTY, HEIDI	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 5605 N GATES AVE	<b>TELEPHONE:</b> (559) 277-5959
<b>CITY:</b> FRESNO	<b>STATE:</b> CA <b>ZIP CODE:</b> 93722
<b>CAPACITY:</b> 122	<b>CENSUS:</b> 76 <b>DATE:</b> 01/13/2026
<b>MET WITH:</b> Heidi Setty	<b>UNANNOUNCED TIME BEGAN:</b> 03:45 PM
	<b>TIME COMPLETED:</b> 05:15 PM

#### ALLEGATION(S):

1	Staff do not respond timely to a resident's alerts
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#### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Katie Brown arrived unannounced to conduct a subsequent complaint
2	investigation. LPA met with and explained the reason for the visit and discussed the allegation with
3	Administrator (AD) Heidi Setty.
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5	During this visit, LPA reviewed pendent system report for the timeframe this complaint was filed. The
6	report was reviewed with AD who provided explanation of the alert system markers and staff
7	communication. The Reporting Party did not provide identifying information such as resident name or
8	date range to be investigated. Based on interview and record review the above allegations are
9	UNSUBSTANTIATED. Although the allegations may have happened or is valid, there is not a
10	preponderance of evidence to prove that the alleged violations did or did not occur.
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12	There were no citations issued.
13	An exit interview was conducted and a copy of this report was provided.

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Sergiy Pidgirny  
**LICENSING EVALUATOR NAME:** Katie Brown  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/13/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/13/2026

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