

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107209036
Report Date: 05/20/2026
Date Signed: 05/21/2026 09:25:33 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710	
FACILITY EVALUATION REPORT			
FACILITY NAME: OAKMONT OF NORTH FRESNO		FACILITY NUMBER:	107209036
ADMINISTRATOR/SETTY, HEIDI DIRECTOR:		FACILITY TYPE:	740
ADDRESS: 5605 N GATES AVE		TELEPHONE:	(559) 277-5959
CITY: FRESNO	STATE: CA	ZIP CODE:	93722
CAPACITY: 122	CENSUS:	DATE:	05/20/2026
TYPE OF VISIT: Annual/Random	UNANNOUNCED	TIME VISIT/ INSPECTION	02:03 PM
		BEGAN:	
MET WITH: Heidi Setty		TIME VISIT/ INSPECTION	05:00 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Katie Brown arrived unannounced to conduct the continuation visit for
2	the Annual Inspection. The initial inspection was conducted on 4/29/2026. LPA met with and discussed
3	the reason for the visit with Administrator (AD) Heidi Setty.
4	
5	During this visit, LPA selected resident apartments to observe while touring with AD. Resident
6	apartments were clean, in good repair and contained the required furnishings. LPA observed resident
7	medication storage in their apartments and discussed the facility medication storage requirements.
8	
9	LPA conducted a medication audit in the medication room of the Assisted Living (AL) and reviewed
10	medication and storage procedures with a facility Medication Tech. LPA reviewed the facility Plan of
11	Operation as well as Emergency Disaster procedures, Fire and Emergency Drill logs which were
12	complete and up to date.
13	
14	A deficiency is being cited in accordance with California Code of Regulations on the attached LIC 9099-
15	D.
16	The violation was observed and immediately addressed during the initial Annual Inspection on 4/29/26.
17	The Deficiency has been Cleared.
18	
19	An exit interview was conducted.
20	
21	
22	A copy of this report and Appeal Rights were discussed and provided.
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Shawna Doucette	
NAME OF LICENSING PROGRAM ANALYST: Katie Brown	

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/20/2026

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

LIC809 (FAS) - (06/04)
California Health & Human Services Agency

Page: 1 of 3
California Department of Social Services

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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Created By: Katie Brown On 05/20/2026 at 03:46 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1314 E SHAW AVE FRESNO, CA 93710
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: OAKMONT OF NORTH FRESNO

FACILITY NUMBER: 107209036

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/20/2026

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87208(a)	
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Plan of Operation

(a) The licensee shall have and maintain a current, written definitive plan of operation for the facility. The licensee shall operate the facility in accordance with the terms specified in the plan of operation and may be cited for not doing so pursuant to Health and Safety Code section 1569.49. The plan and related materials shall be on file in the facility and shall be submitted to the licensing agency with the license application. Any significant changes in the plan of operation which would affect the services to residents shall be submitted to the licensing agency for approval. The plan and related materials shall contain the following:	
This requirement is not met as evidenced by:	

	Deficient Practice Statement
1 2 3 4	Based on observation and record review, the licensee did not comply with the section cited above,] which poses an immediate health, safety or personal rights risk to persons in care. On 4/29/26 LPA observed medications which were not stored according to the facility Plan of Operation. R1 and R2 did not "retain medication in their apartment in a locked drawer or cabinet" as specified under the Facility Program Description, Assistance taking medication. This poses an immediate health & safety risk to persons in care.
	POC Due Date: 05/20/2026
	Plan of Correction
1 2 3 4	On 4/29/2026 facility staff removed all medications and medication supplies from both R1 and R2's apartments. R1's medications are managed by the facility and R2 is in compliance with the facility Plan of Operation medication storage requirement. DEFICIENCY CLEARED DURING INSPECTION

		Section Cited			
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	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 2	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER: Shawna Doucette

NAME OF LICENSING PROGRAM ANALYST: Katie Brown

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/20/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/20/2026