

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 547203298  
Report Date: 11/14/2025  
Date Signed: 11/14/2025 10:10:28 AM

**Substantiated**

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/03/2025** and conducted by Evaluator Les Xiong

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 24-AS-20251103165446</b>
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<b>FACILITY NAME:</b> AUTUMN OAKS	<b>FACILITY NUMBER:</b> 547203298
<b>ADMINISTRATOR:</b> ONG, ANTONIO G.	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 848 N. JAYE STREET	<b>TELEPHONE:</b> (559) 784-4144
<b>CITY:</b> PORTERVILLE	<b>STATE:</b> CA
<b>CAPACITY:</b> 44	<b>ZIP CODE:</b> 93257
<b>MET WITH:</b> Lisa Ong	<b>CENSUS:</b> UNANNOUNCED
	<b>DATE:</b> 11/14/2025
	<b>TIME BEGAN:</b> 08:16 AM
	<b>TIME COMPLETED:</b> 09:17 AM

**ALLEGATION(S):**

1	Staff did not assist resident with medical appointments
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) L. Xiong conducted the subsequent complaint investigation visit to the
2	facility. During the course of this complaint investigation LPA interviewed staff and obtained and/or
3	reviewed facility records. It was determined based on the interviews and records review that the above
4	allegation is SUBSTANTIATED. The evidence from the investigation indicated that doctor's appointment
5	was missed. Based on LPAs observations and interviews which were conducted and record review(s),
6	the preponderance of evidence standard has been met, therefore the above allegation(s) is found to be
7	SUBSTANTIATED. California Code of Regulations, (Title 22, Division & Chapter number), are being cited
8	on the attached LIC 9099D.")
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<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Melinda Hoffmann

LICENSING EVALUATOR NAME: Les Xiong  
LICENSING EVALUATOR SIGNATURE:

DATE: 11/14/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/14/2025

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

LIC9099 (FAS) - (06/04)

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Control Number 24-AS-20251103165446

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

# COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: AUTUMN OAKS

FACILITY NUMBER: 547203298

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/14/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 11/17/2025 Section Cited CCR 87465(a)(1)	87465 Incidental Medical and Dental Care (a) A plan for incidental medical and dental care shall be developed by each facility. The plan shall encourage routine medical and dental care and provide for assistance in obtaining such care, by compliance with the following: (1) The licensee shall arrange, or assist in arranging, for medical and dental care appropriate to the conditions and needs of residents. LPA observed from the investigation that doctor's appointment was missed.	Facility closed, no further correction necessary.
1 2 3 4 5 6 7		1 2 3 4 5 6 7
1 2 3 4 5 6 7		1 2 3 4 5 6 7
1 2 3 4 5 6 7		1 2 3 4 5 6 7

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

SUPERVISORS NAME: Melinda Hoffmann  
LICENSING EVALUATOR NAME: Les Xiong  
LICENSING EVALUATOR SIGNATURE:

DATE: 11/14/2025

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

