

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 107208908  
Report Date: 07/17/2025  
Date Signed: 07/17/2025 04:18:36 PM

**Unfounded**

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 **03/13/2025** and conducted by Evaluator Martin Vega

	<b>COMPLAINT CONTROL NUMBER: 24-AS-20250313131536</b>
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<b>FACILITY NAME:</b> WESTMONT OF FRESNO	<b>FACILITY NUMBER:</b> 107208908
<b>ADMINISTRATOR:</b> EDUARDO RANGEL	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 7442 & 7468 N MILLBROOK AVE	<b>TELEPHONE:</b> (559) 446-1266
<b>CITY:</b> FRESNO	<b>ZIP CODE:</b> 93720
<b>CAPACITY:</b> 155	<b>STATE:</b> CA <b>DATE:</b> 07/17/2025
<b>MET WITH:</b> Administrator - Eddie Rangel	<b>CENSUS:</b> 116 <b>UNANNOUNCED TIME BEGAN:</b> 01:30 PM
	<b>TIME COMPLETED:</b> 03:30 PM

### ALLEGATION(S):

1	Staff did not respond to resident's call button in a timely manner
2	Staff left resident in a soiled diaper for a long period of time
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### INVESTIGATION FINDINGS:

1	On 07/17/2025, Licensing Program Analyst (LPA) M Vega conducted an unannounced inspection at the
2	facility and met with Administrator - Eddie Rangel. The purpose of the visit was to close a complaint
3	investigation and deliver findings regarding the above allegation.
4	
5	It was alleged that the facility was not Staff did not respond to resident's call button in a timely manner
6	and Staff left residents in a soiled diaper for a long period of time (R1- see attached confidential names
7	list). Based on documentation collected and record review it has been determined that the facility does
8	ensure R1 receives appropriate level of care per documentation received and therefore, determined the
9	allegation is unfounded.
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12	Continuation on LIC 9099C
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<b>Unfounded</b>	<b>Estimated Days of Completion:</b>
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**NAME OF LICENSING PROGRAM MANAGER:** Brenda Chan  
**NAME OF LICENSING PROGRAM ANALYST:** Martin Vega  
**LICENSING PROGRAM ANALYST SIGNATURE:** \_\_\_\_\_ **DATE:** 07/17/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 07/17/2025

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

**Control Number** 24-AS-20250313131536

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  
**COMPLAINT INVESTIGATION REPORT  
(Cont)**

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
FRESNO RO, 1314 E SHAW AVE  
FRESNO, CA 93710

**FACILITY NAME:** WESTMONT OF FRESNO **FACILITY NUMBER:** 107208908  
**VISIT DATE:** 07/17/2025

**NARRATIVE**

1	This agency has investigated the complaint alleging "Staff did not respond to resident's call button in a
2	timely manner and Staff left residents in a soiled diaper for a long period of time" We have found that the
3	complaint was unfounded, meaning that the allegation was false, could not have happened or is without
4	a reasonable basis. We have found that the complaint was unfounded, therefore we have dismissed the
5	complaint.
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7	No deficiencies were issued.
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9	Exit interview conducted. A copy of this report was provided to the administrator, signature confirms
10	receipt of this report.
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**NAME OF LICENSING PROGRAM ANALYST:** Martin Vega  
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