

Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 107208908

Report Date: 02/13/2026

Date Signed: 02/13/2026 01:47:29 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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/15/2025** and conducted by Evaluator Martin Vega

	COMPLAINT CONTROL NUMBER: 24-AS-20251215105836
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FACILITY NAME: WESTMONT OF FRESNO	FACILITY NUMBER: 107208908
ADMINISTRATOR: EDUARDO RANGEL	FACILITY TYPE: 740
ADDRESS: 7442 & 7468 N MILLBROOK AVE	TELEPHONE: (559) 446-1266
CITY: FRESNO	STATE: CA
CAPACITY: 155	ZIP CODE: 93720
	CENSUS: 127
	DATE: 02/13/2026
	UNANNOUNCED TIME BEGAN: 01:00 PM
MET WITH: Business Office Director - Nancy Krompicha	TIME COMPLETED: 02:00 PM

ALLEGATION(S):

1	Staff does not ensure visitations are not infringing on the rights of the resident
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INVESTIGATION FINDINGS:

1	On 02/13/2026, Licensing Program Analyst (LPA) M Vega conducted an unannounced complaint
2	investigation visit to the facility. During this visit LPA delivered investigation findings regarding the above
3	allegation. LPA was granted access to the facility by front desk staff. LPA met with Business Office
4	Director - Nancy Krompicha and Executive Director - Eddie Rangel
5	
6	During the course of this investigation LPA reviewed facility files relevant to the complaint investigation,
7	as well as conducting interviews. It was determined that the above allegation: Staff does not ensure
8	visitations are not infringing on the rights of the resident is UNFOUNDED.
9	Resident 1 (R1) and Responsible Party (RP) has no documented court order to restrict who can and
10	cannot visit R1. Business Office Director and Executive Director verified that to be true. This agency has
11	investigated the complaint and found it be UNFOUNDED meaning that the allegation was false, could not
12	have happened or is without a reasonable basis. The complaint has been dismissed.
13	An exit interview was conducted and a copy of the report provided to the Executive Director for facility
	records.

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Brenda Chan
LICENSING EVALUATOR NAME: Martin Vega
LICENSING EVALUATOR SIGNATURE:

DATE: 02/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/13/2026

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