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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320402
Report Date: 08/06/2026
Date Signed: 08/06/2026 02:44:07 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245

FACILITY NAME:	WESTMONT OF CULVER CITY		FACILITY NUMBER:	198320402
ADMINISTRATOR/ DIRECTOR:	DAWN M SMITH		FACILITY TYPE:	740
ADDRESS:	11141 WASHINGTON BLVD		TELEPHONE:	(310) 736-4118
CITY:	CULVER CITY	STATE: CA	ZIP CODE:	90232
CAPACITY: 160		CENSUS: 152	DATE:	08/06/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:46 AM
MET WITH:	Dawn Smith		TIME VISIT/ INSPECTION COMPLETED:	02:50 PM

NARRATIVE

On 08/06/26, at 9:30am, Licensing Program Analyst (LPA) Perry Scott conducted an unannounced annually required inspection visit to Westmont of Culver City. LPA was met by Dawn Smith, Administrator, and the purpose of today's visit was explained. The facility is licensed to serve 160 ambulatory residents aged 60 and over of which 160 may be non-ambulatory. The facility has an approved hospice waiver for 20 residents and approved for delayed egress. Currently the facility has (152) residents. **The facility's annual fees are current.**

The facility is a five-story structure located in a commercial neighborhood. The facility consists of (137) resident bedrooms. The 2nd through the 5th floor are assisted living units and independent living units consisting of studio, 1 bedroom and 2 bedroom units. All units have a refrigerator, stove, microwave, and personal washer and dryers located in the bathrooms. The 1st floor is comprised of Compass Rose Memory Care units.

At 10:30am, LPA and staff toured the facility. There are no bodies of water or firearm/ammunition on the premises. LPA toured the following rooms: 154, 157, 164, 202, 221, 304, 314, 323, 402, 407, 430, 506, 508, 509, and 513. Beds and bedding were in good condition, adequate lighting provided, and adequate storage for resident personal belongings was observed. Walls and floors were in good repair. Bed linens, comforters, and bath towels were adequately stocked at the time of visit. Bathrooms were found to be within Title 22 regulations. Toilets and water faucets worked properly. The shower was free of mold/mildew, there was adequate lighting, and sufficient toiletries were accessible to residents. The water temperature was within title 22 regulations in all bathrooms (range between 105-120f degrees). A comfortable temperature is maintained in the facility.

Report Continued On LIC809-C

Janae Hammond
Perry Scott

	**DATE:** 08/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

	**DATE:** 08/06/2026

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

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 Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245

FACILITY NAME: WESTMONT OF CULVER CITY **FACILITY NUMBER:** 198320402

VISIT DATE: 08/06/2026

NARRATIVE

LPA observed the facility to be clean, sanitary, and appropriately furnished at the time of visit. Storage areas for cleaning agents, toxins, and sharps were inaccessible to residents in the Compass Rose Memory Care units. The kitchens were inspected and there is enough perishable and non-perishable food available for the residents. All food items were stored properly. The water temperature measured 118.9F degrees in the kitchen. Medications were centrally stored and properly locked, first aid kit was checked and fully stocked with manuals in both medication rooms**.** The fire extinguishers were charged and last inspected on 06/09/2026. The smoke and carbon monoxide detectors were operable. The last fire/emergency drill was conducted on 07/01/2026. The last evacuation drill was conducted on 04/07/2026. The facility's administrator's certificate (7005885740) is pending renewal, application was received on 07/10/2026. The facility's liability insurance was valid from 09/15/2025 through 09/15/2026.

LPA conducted a review of (10) resident records, (10) staff records, and reviewed the facility disaster plan. LPA observed that residents had the required medical documents and other pertinent documents in their resident folders. Staff records were complete with required documents and training. The facility disaster plan was last updated on 07/24/2026 and in compliance with Title 22 regulations at the time of visit. LPA reviewed (4) resident medication administration records, and medication, and did not observe any discrepancies at the time of visit.

During the visit, LPA observed the facility infection control practices. LPA observed screening protocols for visitors, staff, and residents. LPA observed that sanitizing stations were in common areas and restrooms. LPA observed that the facility had the required postings, posted throughout the facility.

LPA advised the facility to continuously monitor the Centers for Disease Control (CDC) website and Community Care Licensing (www.cdss.ca.gov) for Provider Informational Notices (PIN) and for any updates relating to COVID-19 guidance and other related issues.

No deficiencies were cited during this inspection visit.

An exit interview was held, and a copy of this Facility Evaluation Report was provided to Dawn Smith, Administrator.

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond
NAME OF LICENSING PROGRAM ANALYST: Perry Scott
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 08/06/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 08/06/2026