

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320402
Report Date: 07/03/2024
Date Signed: 07/03/2024 01:55:18 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

FACILITY NAME: WESTMONT OF CULVER CITY	FACILITY NUMBER: 198320402
ADMINISTRATOR/NAVARRO, DIANE	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 11141 WASHINGTON BLVD	TELEPHONE: (310) 736-4118
CITY: CULVER CITY	STATE: CA
CAPACITY: 160	ZIP CODE: 90232
TYPE OF VISIT: Office	CENSUS: ANNOUNCED
	DATE: 07/03/2024
	TIME VISIT/INSPECTION BEGAN: 01:00 PM
MET WITH: Tracy Flaherty/Dawn Smith	TIME VISIT/INSPECTION COMPLETED: 01:30 PM

NARRATIVE	
1	Facility Type: RCFE
2	Application Type: Initial
3	
4	Capacity: 160
5	Census (if any clients in care): none
6	COMP II Participants: Tracy Flaherty/Dawn Smith
7	Interview Method: Telephone interview
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9	
10	On July 3, 2024, applicant/administrator participated in COMP II. Identification of the
11	applicant and administrator was verified through interview questions based on photo ID and
12	other identifying personal information. During COMP II, applicant and administrator
13	confirmed that they have read and understand community care facility licensing laws
14	included in the Health and Safety Codes and the California Code of Regulations Title 22.
15	Signed LIC 809 with copy of photo ID have been obtained.
16	
17	
18	
19	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of
20	following areas:
21	1. Facility operation: License type, client/resident populations, and program
22	
23	2. Staffing requirements, training, general provisions
24	
25	3. Pre Licensing Inspection readiness

NAME OF LICENSING PROGRAM MANAGER: Julia Kim NAME OF LICENSING PROGRAM ANALYST: Dianne Ramos LICENSING PROGRAM ANALYST SIGNATURE: 	DATE: 07/03/2024
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: 	DATE: 07/03/2024
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This report must be available at Child Care and Group Home facilities for public review for 3 years.