

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320402

Report Date: 07/24/2025

Date Signed: 07/24/2025 02:28:54 PM

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

FACILITY NAME: WESTMONT OF CULVER CITY	FACILITY NUMBER: 198320402
ADMINISTRATOR/DAWN M SMITH	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: Required - 1 Year	CENSUS: 60
	DATE: 07/24/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 09:30 AM
MET WITH: Marielena Cardenas, Business Office Director	TIME VISIT/INSPECTION
	COMPLETED: 02:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Sparkle Day conducted an unannounced visit to
2	the above facility. The purpose of today's visit was to conduct the one-year
3	inspection. LPA met with Marielena Cardenas , Business Office Director and the
4	purpose of the visit was discussed. The facility is licensed to serve 160 ambulatory
5	residents age 60 and over of which 160 may be non ambulatory. The facility has an
6	approved hospice waiver for 20 residents. There is also an approved delayed
7	egress. Currently the facility serves 60 Assisted Living residents and 66 residents
8	are in Independent living. Currently there is (1) residents receiving hospice services
9	and (11) residents are receiving home health services. The facility does not handle
10	any of the residents' money. LPA Day reviewed 10 resident records, 10 resident
11	medication records and 8 staff files. LPA found All records to be in order and
12	complete according to Title 22.
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15	
16	This is a 5 floor building consisting of: (137) resident bedrooms. The 2nd to 5th floor
17	is Assisted Living Units and Independent living Units consisting of studio, 1 bedroom
18	and 2 bedroom units. All units have personal washer and dryers located in the
19	bathrooms. The 1st floor is Compass Rose Memory Care Units. LPA and
20	Maintenance Director, Mario Carrillo toured the facility from the 1st floor to the 5th
21	floor. and outside grounds. LPA toured the following rooms #512, #510, #522, #416,
22	#411, #415, #313, #217, #228, #210 and The Memory Care unit. All bedrooms had
23	the required furniture, bed linens and closet/drawer space to accommodate each
24	resident comfortably. Resident bathrooms were checked. Toilets and water faucets
25	

worked properly, grab bars were secure, shower was free of mold/mildew and a non-skid mat was in place, water temperature measured between 112 degrees - 116 degrees. . Common areas were clean and clear of hazards; doorways were free of obstructions. There are game

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond

NAME OF LICENSING PROGRAM ANALYST: Sparkle Day

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/24/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/24/2025

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

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245</p>
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FACILITY NAME: WESTMONT OF CULVER CITY

FACILITY NUMBER: 198320402

VISIT DATE: 07/24/2025

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>rooms on the 3rd and 4th floor. There is a doggy area on the 2nd floor and medication room. The 1st floor consists of entrance, Concierge desk, Dining room, Lobby, Meeting area, outside Courtyard and grill, Kitchen, Mail room, Activity room, Wellness room, Theater, Public restrooms for men and women, Bistro and staff offices. All mandated inspection posters were displayed throughout the facility. Facility Annual Fess are current.</p> <p>Kitchen was checked and observed to be within Title 22 regulations. Perishable and non-perishable food supply was checked. All cleaning solutions, hazardous items, and medications were securely locked and inaccessible to residents. Smoke detectors were working properly and fire extinguisher was fully charged. Carbon monoxide detector was operational. Last Fire drill inspection was June 2025. First Aid kit was available. Outside grounds were toured and no bodies of water were observed. Walkways around the facility were clear of hazards. There are no security bars or weapons on the premises. Residents wear pendants and Wander guard watches for emergencies while in apartments. There are also pull stations in every room.</p> <p>During todays visit LPA did not observe any deficiencies.</p> <p>Exit interview conducted with Business Office Director, Marielena Cardenas and copy of this report was provided at time of visit.</p>

<p>NAME OF LICENSING PROGRAM MANAGER: Janae Hammond NAME OF LICENSING PROGRAM ANALYST: Sparkle Day LICENSING PROGRAM ANALYST SIGNATURE:</p>	<p>DATE: 07/24/2025</p>
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/24/2025