

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005908

Report Date: 01/13/2026

Date Signed: 01/13/2026 10:01:29 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT	

FACILITY NAME:	WESTMONT OF CYPRESS	FACILITY NUMBER:	306005908
ADMINISTRATOR/DIRECTOR:	NANCY RODRIGUEZ	FACILITY TYPE:	740
ADDRESS:	4889 & 4775 KATELLA AVE.	TELEPHONE:	(858) 729-6720
CITY:	LOS ALAMITOS	STATE:	CA
CAPACITY:	152	ZIP CODE:	90720
TYPE OF VISIT:	Case Management - Incident	CENSUS:	135
		DATE:	01/13/2026
		UNANNOUNCED TIME VISIT/INSPECTION	07:10 AM
MET WITH:	Executive Director Nancy Rodriguez	BEGAN TIME VISIT/INSPECTION	10:15 AM
		COMPLETED:	

NARRATIVE

1 On this day Licensing Program Analyst (LPA) Jenifer Tirre conducted an unannounced Case
2 Management visit to follow up on an incident report Department received. LPA discussed purpose of
3 visit with Executive Director (ED) Nancy Rodriguez.
4
5 On January 6, 2026, department received an incident report with elopement incident that occurred on
6 December 25, 2025. According to incident report Resident 1 (R1) had left facility and around 6:19 AM
7 facility staff received a call by nearby Hotel that R1 was in their hotel lobby. Report stated that resident
8 was last checked in their room during 5:00AM rounds. LPA Tirre discussed incident with ED Rodriguez
9 who stated that R1 resided in second building located at 4775 Katella to which R1 would come back and
10 forth to main building steps away (located 4889 Katella) to eat in dining area. R1 was able to exit
11 building but apparently did not have key Fob to get back in facility that morning, prompting R1 to walk
12 over next door to nearby hotel. Main building doors are locked to the public from 8PM to 7AM, residents
13 and staff have access with Key Fobs or pass code.
14
15 LPA Reviewed R1's recent Physician's Report dated 7/30/2025, has R1 with diagnosis of
16 Encephalopathy unspecified with abnormalities of gait mobility, muscle weakness, mild cognitive
17 impairment, history of falling and hyperlipidemia. R1's Physicians Report under capacity for self care is
18 marked not able to leave facility unassisted. R1's Care Plan states Resident is independent and needs
19 no assistance with care.
20
21 Based on information gathered, facility did not adequately supervise resident and the following is being
22 cited on 809 D-page per California Code of Regulations (title 22 Division 6 Chapter 8).
23
24 An exit interview was conducted with Executive Director Rodriguez. A copy of report and Appeal Rights
25 were provided to facility Representative.

NAME OF LICENSING PROGRAM MANAGER: Lourdes Montoya

NAME OF LICENSING PROGRAM ANALYST: Jenifer Tirre

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 01/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 01/13/2026

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.

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Created By: Jenifer Tirre On 01/13/2026 at 09:35 AM
Link to Parent Document Below:

<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 , 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868</p>
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FACILITY NAME: WESTMONT OF CYPRESS

FACILITY NUMBER: 306005908

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 01/13/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 01/20/2026 Section Cited CCR 87464(f)(1)	1 (f) Basic services shall at a minimum 2 include: 3 (1) Care and supervision as defined in 4 Section 87101(c)(3) and Health and 5 Safety Code and Health and Safety 6 Code Section 1569.2(c). This 7 requirement is not being met as evidenced by:	1 Licensee to submit a Inservice training 2 on ensuring residents are unable to 3 elope out of facility. Licensee to forward 4 proof to LPA by POC due date 1/20/26 5 6 7
8 9 10 11 12 13 14	Based on interview conducted and records reviewed Licensee failed to ensure care and supervision were provided to R1. R1 eloped out of facility on 12/25/25 and was found in a nearby Hotel Lobby This poses a potential health and safety risk to residents in care.	8 9 10 11 12 13 14
1 2 3 4 5 6 7		1 2 3 4 5 6 7
1 2 3 4 5 6 7		1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM	Lourdes Montoya
MANAGER:	
NAME OF LICENSING PROGRAM	Jenifer Tirre
ANALYST:	

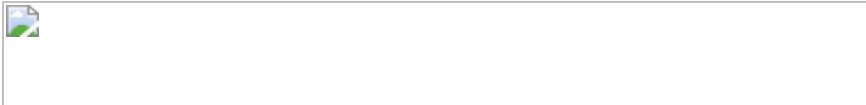
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/13/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/13/2026