

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306005908
Report Date: 03/10/2023
Date Signed: 03/10/2023 03:59:11 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE & INLAND A/SC, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/28/2022** and conducted by Evaluator Jenifer Tirre

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20221128101937
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FACILITY NAME: WESTMONT OF CYPRESS	FACILITY NUMBER: 306005908
ADMINISTRATOR: PATRICK FRAZIER	FACILITY TYPE: 740
ADDRESS: 4889 & 4775 KATELLA AVE.	TELEPHONE: (858) 729-6720
CITY: LOS ALAMITOS	STATE: CA
CAPACITY: 152	ZIP CODE: 90720
	CENSUS: 132
MET WITH: Executive Director, Sheryl McCaskill	DATE: 03/10/2023
	UNANNOUNCED TIME BEGAN: 02:09 PM
	TIME COMPLETED: 04:15 PM

ALLEGATION(S):

1	Facility staff did not meet residents' showering needs.
2	Facility staff did not provide meals of the quality necessary to meet residents' needs.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Jenifer Tirre made an unannounced visit to deliver findings on the
2	complaint investigation. LPA met with and discussed the purpose of the visit with Executive Director
3	Sheryl McCaskill.
4	
5	The department investigated the above allegations and the investigation consisted of interviews,
6	observations, and documentation. It was alleged that facility staff did not meet residents showering
7	needs. Based on interviews with staff, all residents have showers inside apartment restrooms and
8	residents that require shower assistance are on showering schedules. Residents shower schedules are
9	individualized based on Admission Agreement which is discussed during service care plan upon
10	admittance to facility. Interviews reveal that showers are agreed upon set days and schedule of morning
11	or night. Per Service Plan showers cost additional if residents want more than twice a week. Facility staff
12	claim that if resident refuses a shower it is notated and caregivers attempt at a later time. Staff revealed
13	that if residents do not want a shower they have the option of having a sponge or bed bath.
	CONTINUED ON 9099C

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Luz Adams
NAME OF LICENSING PROGRAM ANALYST: Jenifer Tirre
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/10/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/10/2023

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

LIC9099 (FAS) - (06/04)

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Control Number 22-AS-20221128101937

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
ORANGE & INLAND A/SC, 770 THE CITY DR.,
SUITE 7100
ORANGE, CA 92868

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: WESTMONT OF CYPRESS

FACILITY NUMBER: 306005908

VISIT DATE: 03/10/2023

NARRATIVE

- 1 One out of seven residents interviewed stated they require assistance with showers, has three to four
- 2 showers weekly and is very satisfied with showering needs. Six of Seven residents interviewed
- 3 independently shower and do not require assistance. Facility documents reveal that 54 residents out of
- 4 135 residents are on weekly shower schedules including 4 hospice residents.
- 5
- 6 Based off information received in interviews, documents received and the lack of information regarding
- 7 the incident in question, LPA is unable to determine if alleged violation occurred as reported.
- 8
- 9 It was alleged that facility staff did not provide meals of the quality necessary to meet residents needs.
- 10 Based on interviews with staff and residents, investigation revealed that residents have three meals
- 11 provided a day. Staff state facility provides Breakfast, Lunch and Dinner with Dining room open from
- 12 7:00 AM to 7:00 PM. LPA observed copies of provided menu's which include a main dish accompanied
- 13 with a vegetable and starch of resident's choosing as well as a soup or salad option. Facility also
- 14 provides dessert with meals. Based on interviews and documentation, if resident's are not pleased with
- 15 meals provided for that day, residents have alternative option of food choices to select from an
- 16 additional menu which provides different salads, sandwiches and fruit platter. Interviews revealed that
- 17 facility had recently been in process of changing culinary directors. Interviews revealed facility has three
- 18 cooks, two servers in AM, five servers at noon time and six servers during dinner. Based on interviews
- 19 with residents, one out of seven residents does not like the food at facility, one out of seven thinks the
- 20 food is just okay and five out seven enjoy the food stating facility has a good variety of tasty food.
- 21
- 22 Based on conflicting information received from investigation, LPA is unable to determine if the alleged
- 23 violation occurred as reported. The department has found based off interviews, observations and
- 24 documentation, the above allegations to be deemed UNSUBSTANTIATED. although the allegation may
- 25 have happened or is valid; there is not a preponderance of evidence to prove that the alleged violation
- 26 occurred as reported.
- 27
- 28
- 29 This report is being reviewed with Executive Director and a copy of this LIC9099 report was furnished
- 30 and left at the facility.
- 31
- 32

NAME OF LICENSING PROGRAM MANAGER: Luz Adams
NAME OF LICENSING PROGRAM ANALYST: Jenifer Tirre
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/10/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/09/2023