

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331880776
Report Date: 07/09/2021
Date Signed: 07/09/2021 02:57:20 PM

Document Has Been Signed on 07/09/2021 02:57 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME: WESTMONT VILLAGE	FACILITY NUMBER: 331880776
ADMINISTRATOR: KURT KNAUER	FACILITY TYPE: 740
ADDRESS: 17050 ARNOLD DRIVE	TELEPHONE: (951) 697-2100
CITY: RIVERSIDE	STATE: CA
CAPACITY: 225	ZIP CODE: 92518
TYPE OF VISIT: Case Management - Other	CENSUS: 116
MET WITH: Keith Kasin, Executive Director	DATE: 07/09/2021
	UNANNOUNCED TIME BEGAN: 08:30 AM
	TIME COMPLETED: 01:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA), Stephanie Torres, conducted an unannounced visit to the facility to
2	address a deficiency observed during the investigation of Complaint #18-AS-20190919104522. The LPA
3	identified herself and discussed the purpose of the visit with Executive Director (ED), Keith Kasin.
4	
5	During the investigation, it was observed there was a lack of proper record keeping by the facility
6	regarding staff training documentation. Complaint #18-AS-20190919104522 alleged facility staff lacked
7	proper training, and therefore an audit of records was conducted. The facility was unable to provide
8	proof of training for nine (9) of eleven (11) staff records. According to previous Executive Director (ED),
9	Panida Ferris-Locke, the Licensee adopted staff from the previous facility. The initial training, nor annual
10	training, was not observed on file and could not be provided by facility staff. It could not be determined
11	whether facility staff did or did not receive proper training. This posed a potential health and safety risk
12	to the residents in care. A citation will be issued in accordance with the California Code of Regulations
13	(Title 22, Division 6, Chapter 8).
14	
15	An exit interview was conducted with Kasin, in which this report was reviewed, and a copy provided.
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Nedra Brown
NAME OF LICENSING PROGRAM ANALYST: Stephanie Torres

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/09/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/09/2021

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

LIC809 (FAS) - (06/04)

Page: 1 of 2

Document Has Been Signed on 07/09/2021 02:57 PM - It Cannot Be Edited

Created By: Stephanie Torres On 07/09/2021 at 01:03 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: WESTMONT VILLAGE

FACILITY NUMBER: 331880776

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/09/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 07/30/2021 Section Cited	1 PERSONNEL RECORDS: Licensees shall maintain in the personnel records verification of required staff training and orientation. This requirement was not met as evidence by: Based on records review the Licensee did not ensure verification of required staff training and orientation was maintained on record. 2 3 4 5 6 7		
	8 Initial training, nor annual training, was not observed on file and could not be provided by facility staff. 9 10 11 12 13 14	8 9 10 11 12 13 14	
	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.

SUPERVISOR'S NAME:	Nedra Brown
LICENSING EVALUATOR NAME:	Stephanie Torres

LICENSING EVALUATOR SIGNATURE:



DATE: 07/09/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/09/2021