

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 331880776
Report Date: 10/01/2025
Date Signed: 10/01/2025 09:24:53 AM

Substantiated

| | |
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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507 |
| COMPLAINT INVESTIGATION REPORT | |

This is an official report of an unannounced visit/investigation of a complaint received in our office on **04/08/2022** and conducted by Evaluator Mary G Flores

| | |
|---------------|---|
| PUBLIC | COMPLAINT CONTROL NUMBER: 18-AS-20220408102211 |
|---------------|---|

| | |
|--|--|
| FACILITY NAME: WESTMONT VILLAGE | FACILITY NUMBER: 331880776 |
| ADMINISTRATOR: KEITH KASIN | FACILITY TYPE: 740 |
| ADDRESS: 17050 ARNOLD DRIVE | TELEPHONE: (951) 697-2100 |
| CITY: RIVERSIDE | STATE: CA ZIP CODE: 92518 |
| CAPACITY: 225 | CENSUS: 201 DATE: 10/01/2025 |
| MET WITH: Judith Pierfax - Executive Director | UNANNOUNCED TIME BEGAN: 08:23 AM |
| | TIME COMPLETED: 09:40 AM |

ALLEGATION(S):

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|---|--|
| 1 | Staff are mismanaging resident's medications |
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INVESTIGATION FINDINGS:

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| 1 | Licensing Program Analyst (LPA) Mary Flores conducted a subsequent complaint investigation visit |
| 2 | regarding the above allegations. LPA met with Judith Pierfax Executive Director and explained the reason |
| 3 | for the visit. |
| 4 | |
| 5 | The investigation consisted of the following: On 4/15/22 LPA Danielson conducted an initial investigation |
| 6 | visit. On 9/26/25 LPA Flores interviewed 3 staff over the phone. On 9/29/25 LPA Flores conducted a visit |
| 7 | and interviewed 4 additional staff, 11 residents, conducted a medication check for 11 residents, |
| 8 | conducted a tour of 11 resident rooms with Moises Rivas Resident Service Coordinator and tested |
| 9 | pendant call button/call cord in each room. On 10/1/25 LPA Flores delivered findings for above |
| 10 | allegations. |
| 11 | |
| 12 | The investigation revealed the following: Regarding allegation: Staff are mismanaging resident's |
| 13 | medications. It is alleged residents are not getting their medications as prescribed. |
| | (CONTINUED ON LIC 9099C) |

Substantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Tony Vasallo
NAME OF LICENSING PROGRAM ANALYST: Mary G Flores
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 10/01/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/01/2025

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

LIC9099 (FAS) - (06/04)

Page: 1 of 6

Control Number 18-AS-20220408102211

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
RIVERSIDE, CA 92507

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: WESTMONT VILLAGE

FACILITY NUMBER: 331880776

VISIT DATE: 10/01/2025

NARRATIVE

1 Interviews with 6 out of 11 residents stated to receive assistance with medication by facility staff. 2 out of
2 the 6 residents stated either the staff had run out of the resident's medication or the facility staff did not
3 provide medication timely. 4 out of 11 residents stated they manage their own medications. 1 out of 11
4 residents was unable to be interviewed due to cognitive skills. Interviews with staff revealed medication
5 technicians past medication to residents daily based on the physician's orders. Medication technicians
6 check the medication system and provide the medication to the residents a check mark is noted on
7 quickmar. Medication technicians are responsible for refilling medications for the residents and request
8 refills between 7 to 14 days before running out. Per documents reviewed for resident #1and#2(R1-R2)
9 the residents were able to manage their own medications at the time of the allegations and per
10 medication sheets between March -April of 2022 R2 received their medication daily. Medication review
11 conducted on 9/29/25 revealed residents were missing either routine, as needed, or both medications.
12 Resident #3 (R3) was missing acetaminophen 325mg, and diclofenac sodium 1%. LPA also found a
13 medication bottle with another resident's name inside R3's medication bag. Resident #4(R4) was
14 missing Ibuprofen 800mg, and diclofenac sodium 1%. Resident #5(R5) was missing aspercreme lido
15 max 4% patch, antacid-antigas liquid, milk of magnesium, and loperamide 2mg was observed with
16 expiration date of 7/17/25. Resident #6(R6) was missing nano pen needle 32g-4mm, onetouch delica
17 plus 30g, onetouch verio flex meter, onetouch verio test strip, semglee 100 unit/ml pen, alburetol HFA
18 90mcg inhaler, BD Veo ins .3ml, ondansetron ODT 4mg, onetouch verio mid cntrl soln, Resident #7(R7)
19 was missing acetaminophen 500mg, banophen 25mg, diclofenac sodium 1%, furosemide 20mg,
20 psyllium husk, zeasorb AF 2% powder. Resident #8(R8) had a bottle of ibuprofen 600mg which was not
21 listed on medication list and was missing baclofen 10mg. Resident #9(R9) was missing balmex 11.3%
22 crm. Resident #10(R10) was missing rivastigmine 13.3mg, and lorazepam 1mg. Resident #11(R11) was
23 missing baclofen 10mg, and lidocain 4% patch. Resident #12(R12) was missing polyethylene glycol
24 3350 powder. Resident #13(R13) was missing senna 8.6mg and had a prescription order of mirtazapine
25 15mg which is not listed on the medication list. Based on medication reviewed there were missing
26 medications and medication errors for residents. Therefore, this allegation is substantiated.

27
28 Based on LPAs observations and interviews which were conducted record review(s), the preponderance
29 of evidence standard has been met, therefore the above allegation(s) is found to be **SUBSTANTIATED**.
30 California Code of Regulations, Title 22, Division 6 and Chapter 8 are being cited on the attached LIC
31 9099D.
32

Exit interview was conducted and a copy of this report, LIC 9099D, and appeal rights were provided.

NAME OF LICENSING PROGRAM MANAGER: Tony Vasallo
NAME OF LICENSING PROGRAM ANALYST: Mary G Flores
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 10/01/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/01/2025

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

FACILITY NAME: WESTMONT VILLAGE **FACILITY NUMBER:** 331880776
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 10/01/2025

| Deficiency Type POC Due Date / Section Number | DEFICIENCIES | PLAN OF CORRECTIONS(POCs) |
|--|---|---|
| Type A 10/02/2025 Section Cited CCR 87464(f)(6) | 1 87464 Basic Services (f) Basic services 2 shall at a minimum include: (6) 3 Arrangements to meet health needs,... 4 This requirement is not met as 5 evidence by: 6 7 | 1 Executive Director will work with nurse 2 and medication technicians to audit the 3 medication and provide training to the 4 medication technicians. Executive 5 Director will provide a copy of training 6 with date, topic, and signatures, and will 7 provide updated medication list or pictures of medication |
| | 8 Based on medication review conducted 9 the licensee did not ensure medications 10 were available for R3-R13 which poses 11 an immediate risk to the residents 12 health, safety, or personal rights of the 13 persons in care. 14 | 8 obtained by POC due date 10/1/25. 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 MANAGER: Tony Vasallo NAME OF LICENSING PROGRAM ANALYST: Mary G Flores LICENSING PROGRAM ANALYST SIGNATURE: | | DATE: 10/01/2025 |
| I acknowledge receipt of this form and understand my appeal rights as explained and received. | | |
| FACILITY REPRESENTATIVE SIGNATURE: | | DATE: 10/01/2025 |

| | |
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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY COMPLAINT INVESTIGATION REPORT | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507 |
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ADMINISTRATOR: KEITH KASIN
ADDRESS: 17050 ARNOLD DRIVE
CITY: RIVERSIDE
CAPACITY: 225

FACILITY TYPE: 740
TELEPHONE: (951) 697-2100
STATE: CA
ZIP CODE: 92518
CENSUS: 201
DATE: 10/01/2025
UNANNOUNCED TIME BEGAN: 08:23 AM
TIME COMPLETED: 09:40 AM

MET WITH: Judith Pierfax - Executive Director

ALLEGATION(S):

| | |
|---|---|
| 1 | Staff do not respond to resident's call for assistance in a timely manner |
| 2 | Resident's do not have access to a telephone |
| 3 | Staff do not assist residents with required blood pressure checks |
| 4 | |
| 5 | |
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INVESTIGATION FINDINGS:

| | |
|--------------------------|---|
| 1 | Licensing Program Analyst (LPA) Mary Flores conducted a subsequent complaint investigation visit |
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| 8 | conducted a tour of 11 resident rooms with Moises Rivas Resident Service Coordinator and tested |
| 9 | pendant call button/call cord in each room. On 10/1/25 LPA Flores delivered findings for the above |
| 10 | allegations. |
| 11 | |
| 12 | The investigation revealed the following: Regarding allegation: Staff do not respond to residents' call for |
| 13 | assistance in a timely manner. It is alleged staff do not respond when pendant button is called. |
| (CONTINUED ON LIC 9099C) | |

| | |
|------------------------|--------------------------------------|
| Unsubstantiated | Estimated Days of Completion: |
|------------------------|--------------------------------------|

NAME OF LICENSING PROGRAM MANAGER: Tony Vasallo
NAME OF LICENSING PROGRAM ANALYST: Mary G Flores
LICENSING PROGRAM ANALYST SIGNATURE: _____ **DATE:** 10/01/2025

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This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 4 of 6

Control Number 18-AS-20220408102211

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| <p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>COMPLAINT INVESTIGATION REPORT (Cont)</p> | <p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507</p> |
|--|---|

FACILITY NAME: WESTMONT VILLAGE **FACILITY NUMBER:** 331880776
VISIT DATE: 10/01/2025

NARRATIVE

| | |
|----|---|
| 1 | Interviews with residents revealed 9 out of 11 residents stated the facility staff respond to the pendant |
| 2 | call. 6 out of the 9 residents stated time of responds varies from 15-30 minutes. 2 out of 11 residents |
| 3 | were either unable to answer due to cognitive skills or have not used the pendant call button. Interviews |
| 4 | with staff revealed staff respond to the pendant call as soon as they are available. Per the staff facility's |
| 5 | policy is to respond to residents calls within 10 minutes. On 9/29/25 LPA observed 11 random resident |
| 6 | rooms and tested either the pendant call button that residents carried or the pull cord in the residents' |
| 7 | bathroom. Caregivers responded within 2-10 minutes. Facility's policy does not provide a time frame in |
| 8 | which staff should respond to calls. Documents reviewed for R2, pendant call log between April 3rd- |
| 9 | 15th, 2022. R2 used the pendant call twice, staff cleared the pendant calls as follow; the first one within |
| 10 | 23 minutes and the second one within 17 minutes. |

11
12 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
13 prove the alleged violation(s) did or did not occur, therefore the allegation is **UNSUBSTANTIATED**.

14
15 **Regarding allegation: Resident's do not have access to a telephone.** It is alleged residents are in a
16 shared unit with no phone access. Interviews with residents revealed 10 out of 11 residents stated to
17 have either a landline or a cellphone to make phone calls. 1 out of 11 residents was unable to answer
18 due to cognitive skills. Interviews with staff revealed residents have a phone in their rooms. Per staff,
19 residents are encourage to obtain a free government cellphone if necessary, and they can also ask the
20 front desk person to assist them with making calls if necessary. On 9/29/25 LPA observed either a
21 landline, a cellphone, or both in each resident's room toured.

22
23
24 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
25 prove the alleged violation(s) did or did not occur, therefore the allegation is **UNSUBSTANTIATED**.

26
27 **Regarding allegation: Staff do not assist residents with required blood pressure checks.** It is
28 alleged facility staff are not regularly checking residents' blood pressure. Interviews with residents
29 revealed 1 resident stated that they required blood pressure checkups. However, the facility is not
30 responsible for providing that care and a private nurse provides that care for them. The other residents
31 stated they either don't require the services or are aware that the facility does not provide medical
32 services. Interviews with staff revealed the facility does not provide medical services. (CONTINUED ON
LIC 9099C)

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LIC9099 (FAS) - (06/04)

Page: 5 of 6

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COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: WESTMONT VILLAGE

FACILITY NUMBER: 331880776

VISIT DATE: 10/01/2025

NARRATIVE

1 Therefore, blood pressure check-ups are not a service they provide to the residents in care. Staff upon
2 observation of a change in condition follow the facility's protocol to notify medication technician for
3 evaluation, or physician.

4
5 Although the allegation may have happened or is valid, there is not a preponderance of evidence to
6 prove the alleged violation(s) did or did not occur, therefore the allegation is **UNSUBSTANTIATED**.

7
8 Exit interview was conducted and a copy of this report was provided.
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NAME OF LICENSING PROGRAM MANAGER: Tony Vasallo

NAME OF LICENSING PROGRAM ANALYST: Mary G Flores

LICENSING PROGRAM ANALYST SIGNATURE:

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