

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374603399

Report Date: 09/23/2025

Date Signed: 09/23/2025 01:49:18 PM

Unfounded

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 **07/31/2025** and conducted by Evaluator Valerie Flores

	COMPLAINT CONTROL NUMBER: 18-AS-20250731164102
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FACILITY NAME: WESTMONT OF ESCONDIDO	FACILITY NUMBER: 374603399
ADMINISTRATOR: AUSTIN IRWIN	FACILITY TYPE: 740
ADDRESS: 500 E VALLEY PKWY	TELEPHONE: (760) 737-5110
CITY: ESCONDIDO	STATE: CA ZIP CODE: 92025
CAPACITY: 200	CENSUS: 150 DATE: 09/23/2025
MET WITH: Administrator, Austin Irwin.	UNANNOUNCED TIME BEGAN: 11:10 AM
	TIME COMPLETED: 02:10 PM

ALLEGATION(S):

1	Facility did not assist in seeking medical attention for a resident in a timely manner
2	Resident is not being adequately fed
3	Resident is not being assisted with showering
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On 9/23/2025, Licensing Program Analyst (LPA) Valerie Flores conducted an unannounced visit to the
2	facility for the purpose of delivering investigative findings into the allegations listed above. LPA Flores
3	identified herself and discussed the purpose of the visit with Administrator, Austin Irwin. The investigation
4	consisted of records review and interviews.
5	
6	Information received alleged facility staff did not assist in seeking medical attention for Resident #1 (R1)
7	within a timely manner after R1 experienced an unwitnessed fall. A record review conducted of R1
8	divulge R1 is not a fall risk and does not require assistance with ambulation. An interview conducted with
9	R1 explained R1 lost balance and fell to their knees. R1 reported they did not have complaint of pain
10	and/or sustain injuries from the unwitnessed fall.
11	
12	(Continue to LIC9099C)
13	

Unfounded

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Anthony Perez
NAME OF LICENSING PROGRAM ANALYST: Valerie Flores
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/23/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/23/2025

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 2

Control Number 18-AS-20250731164102

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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 OF ESCONDIDO

FACILITY NUMBER: 374603399

VISIT DATE: 09/23/2025

NARRATIVE

1 (Continuation LIC9099..)

2
3 Interviews conducted with R1 and relevant parties corroborated R1 did not report the fall to facility staff.
4 Interview with R1 further confirmed R1 did not require medical attention from the fall.
5

6 Information received alleged R1 is not being adequately fed. Records review conducted of the facility
7 meal check confirmed R1 is offered (3) three meals a day. A record review conducted of the End of Shift
8 reports documented on July 11th and July 21st of 2025, reported R1 refused lunch as R1 ate a late
9 breakfast. A record review conducted of R1's weight chart shows R1 has maintained static weight since
10 being admitted into the facility. An interview conducted with R1 confirms the facility staff provide R1 with
11 (3) three meals a day with snacks in-between. Interview with R1 confirmed R1 will refuse a meal from
12 time to time when the previous meal was filling. Interviews conducted with relevant parties indicated R1
13 does not refuse meals often to lead to cause of concerns. Interview conducted with Resident #2 (R2)
14 and staff reported that R1 often attends meals with R2 which encourages R1 to attend meals.
15

16 Information received alleged R1 is not being assisted with showers. A record review conducted of R1
17 revealed R1 is independent and does not require shower assistance. The facility does not maintain a
18 shower log for R1 as R1 is independent. A record review conducted for R1 physician report verified R1
19 did not require assisting with bathing, grooming, dressing, feeding, and/or toileting. Interviews conducted
20 with facility staff explained staff will ask R1 if R1 has showered and facility staff will offer verbal
21 reminders. An interview conducted with R1 and relevant parties corroborated that R1 will refuse to
22 shower at times but there is no cause of concerns. R1 is independent and does not require
23 reassessment.
24

25 Based on interviews and records review, the allegations of facility did not assist in seeking medical
26 attention for a resident in a timely manner, resident is not being adequately fed, and resident is not being
27 assisted with showering are unfounded. A finding that the complaint is unfounded means that the
28 allegation is false, could not have happened, and/or is without a reasonable basis.
29

30 An exit interview was conducted, and a copy of this report was reviewed and provided to Administrator,
31 Austin Irwin.
32

NAME OF LICENSING PROGRAM MANAGER: Anthony Perez
NAME OF LICENSING PROGRAM ANALYST: Valerie Flores
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/23/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/23/2025