

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603399

Report Date: 12/11/2025

Date Signed: 12/11/2025 03:39:32 PM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME:	WESTMONT OF ESCONDIDO	FACILITY NUMBER:	374603399
ADMINISTRATOR/AUSTIN IRWIN		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(760) 737-5110
ADDRESS:	500 E VALLEY PKWY	STATE:	CA
CITY:	ESCONDIDO	ZIP CODE:	92025
CAPACITY:	200	CENSUS:	169
TYPE OF VISIT:	Case Management - Incident	DATE:	12/11/2025
		UNANNOUNCED TIME VISIT/INSPECTION	02:30 PM
		BEGAN:	
MET WITH:	Executive Director, Austin Irwin	TIME VISIT/INSPECTION	03:50 PM
		COMPLETED:	

NARRATIVE

1 On 12/11/2025, Licensing Program Analyst (LPA) Valerie Flores made an unannounced visit to the
2 facility for the purpose of conducting a case management - incident visit. LPA met with Executive
3 Director, Austin Irwin, whom was informed the purpose of the visit. During the visit, LPA collected
4 pertinent documentation and conducted interviews with relevant parties.
5

6 On 12/11/2025 at approximately 10:30AM, LPA received a call from Executive Director Austin Irwin
7 informing LPA of a possible suicide. Upon arrival, information received reported that Home Health nurse
8 was conducting a routine visit with Resident #1 (R1). Home Health nurse entered into R1's bedroom and
9 did not observe R1 to be present inside the bedroom. Home Health nurse further observed R1's oxygen
10 cord lying on the floor. Home Health nurse followed the cord which lead out to R1's second floor balcony
11 and observed R1, who was lying on the flowerbed at ground level. Home Health nurse immediately
12 called emergency services and notified Executive Director. It was reported that Home Health Nurse,
13 Executive Director, and Resident Service Director ran out to assess R1. R1 was observed to be
14 unresponsive and without a pulse.
15 R1 resided in a shared unit but had their own bedroom. R1 was residing at the facility for approximately
16 two months. During the time of stay, staff did not observe any changes of behaviors. R1's physician
17 report conducted on 10/3/2025 divulged that R1 did not have suicidal ideations and did not require
18 constant supervision. Resident #2 (R2), who shares a common wall with R1, reports that R1 and R2
19 went down to eat breakfast together that morning. Upon returning to their shared unit, R2 reports that
20 they did not hear nor observe anything out of the ordinary. At this time, the death determination is still
21 pending autopsy. LPA requested a copy of the death certificate once it has been available to the facility.
22

23 During today's visit, LPA did not observe any health and safety concerns. An exit interview was
24 conducted and a copy of this report was reviewed and provided to Administrator, Austin Irwin.
25

NAME OF LICENSING PROGRAM MANAGER: Anthony Perez

NAME OF LICENSING PROGRAM ANALYST: Valerie Flores

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/11/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/11/2025

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.