

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374603509
Report Date: 05/13/2021
Date Signed: 05/13/2021 04:40:42 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/10/2021** and conducted by Evaluator Anna Kennedy

	COMPLAINT CONTROL NUMBER: 08-AS-20210510163725
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FACILITY NAME: WESTMONT AT SAN MIGUEL RANCH	FACILITY NUMBER: 374603509
ADMINISTRATOR: NEWTON, RANDAL	FACILITY TYPE: 740
ADDRESS: 2325 PROCTOR VALLEY RD	TELEPHONE: (619) 271-4385
CITY: CHULA VISTA	STATE: CA
CAPACITY: 126	ZIP CODE: 91914
MET WITH: Randal Newton	CENSUS: 76
	DATE: 05/13/2021
	UNANNOUNCED TIME BEGAN: 01:42 PM
	TIME COMPLETED: 04:58 PM

ALLEGATION(S):

1	Facility is in disrepair, dishwasher not working properly
2	Facility is not kept clean
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Kennedy conducted an unannounced complaint visit to investigate the
2	above allegations. LPA identified herself and met with Randal Newton, Executive Director and discussed
3	the purpose of today's visit
4	
5	During today's visit, LPA toured the facility, reviewed records and conducted interviews.
6	
7	The allegation that that the facility is in disrepair, was specifically that dishwasher is not working properly.
8	LPA observations revealed that the dishwasher was in working order. Present at the facility was a
9	dishwasher water temperature log that demonstrated that the water temperature is always high enough
10	to sanitize the dishes. Interviews revealed that the dishwasher did require some repair about a month
11	ago. The dishwasher was serviceable even while requiring repair.
12	
13	

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Rebecca Hedgecock

NAME OF LICENSING PROGRAM ANALYST: Anna Kennedy

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/13/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/13/2021

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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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 7575 METROPOLITAN DR.
#109
SAN DIEGO, CA 92108

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: WESTMONT AT SAN MIGUEL RANCH

FACILITY NUMBER: 374603509

VISIT DATE: 05/13/2021

NARRATIVE

- 1 The allegation that the facility is not kept clean was specifically that the kitchen floors and drains were
- 2 unclean LPA observations revealed that the floors did not have a noticeable amount of food or debris on
- 3 the floor. Interviews revealed that the floor is mopped at the end of the day after the completion of dinner
- 4 service.
- 5
- 6 There is not a preponderance of the evidence to prove that the alleged violations occurred, therefore,
- 7 LPA determined the complaint investigations to be Unsubstantiated.
- 8
- 9 This report was discussed with Randal Newton, Executive Director. A copy along with Licensee Rights
- 10 (01/2016) was emailed to Mr. Newton at the conclusion of the visit and an electronic response confirms
- 11 the receipt of these documents.
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NAME OF LICENSING PROGRAM MANAGER: Rebecca Hedgecock

NAME OF LICENSING PROGRAM ANALYST: Anna Kennedy

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/13/2021

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/13/2021