

## Community Care Licensing

# FACILITY EVALUATION REPORT

**Facility Number:** 374603509

**Report Date:** 03/25/2022

**Date Signed:** 03/25/2022 06:59:19 PM

**Document Has Been Signed on 03/25/2022 06:59 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, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
<b>FACILITY EVALUATION REPORT</b>	

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	ZIP CODE: 91914
CAPACITY:	126	CENSUS: 81	DATE: 03/25/2022
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED TIME BEGAN:	11:50 AM
MET WITH:	Randal Netwon	TIME COMPLETED:	01:20 PM

<b>NARRATIVE</b>	
1	Licensing Program Analyst (LPA) Rebecca Ruiz conducted an unannounced case management visit
2	due to a request to change the facility capacity. LPA was greeted by, identified herself to, and discussed
3	the purpose of the visit with Business Office Director Kristiana Lopez. Administrator Randal Newton
4	arrived during the visit.
5	
6	A Change of Capacity application was received by the Department on 12/31/21, in which the licensee
7	requested a decrease in capacity from 126 to 105 residents. The Fire Safety Inspection Request was
8	approved by the local fire authority on March 22, 2022.
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10	During today's visit, LPA toured the facility and observed the residents in care. The facility sketch was
11	consistent with the current layout of the facility. No immediate health and/or safety concerns were
12	observed.
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14	The completed change of capacity request will be forwarded to management for final review and
15	approval. An exit interview was conducted with Administrator Randal Newton, to whom a copy of this
16	report and the Licensee Rights (LIC9058 01/16) were provided via email.
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**NAME OF LICENSING PROGRAM MANAGER:** Lizzette Tellez

**NAME OF LICENSING PROGRAM ANALYST:** Rebecca A Ruiz

**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 03/25/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 03/25/2022

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