

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603509

Report Date: 03/25/2022

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

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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	
FACILITY EVALUATION REPORT			
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 Newton	TIME COMPLETED:	01:20 PM
NARRATIVE			
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.		
9			
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.		
13			
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.