

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374603509
Report Date: 02/25/2026
Date Signed: 02/25/2026 05:33:54 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 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 **05/22/2025** and conducted by Evaluator Marisela Garcia-Centeno

	COMPLAINT CONTROL NUMBER: 08-AS-20250522101123
--	---

FACILITY NAME: WESTMONT AT SAN MIGUEL RANCH	FACILITY NUMBER: 374603509
ADMINISTRATOR: ZEPEDA, JESSICA	FACILITY TYPE: 740
ADDRESS: 2325 PROCTOR VALLEY RD	TELEPHONE: (619) 271-4385
CITY: CHULA VISTA	STATE: CA
CAPACITY: 105	ZIP CODE: 91914
	CENSUS: 89
	DATE: 02/25/2026
	UNANNOUNCED TIME BEGAN: 11:00 AM
MET WITH: Executive Director, Jessica Zepeda	TIME COMPLETED: 12:40 PM

ALLEGATION(S):

1	Staff handled resident in a rough manor causing injury
2	
3	
4	
5	
6	
7	
8	
9	

INVESTIGATION FINDINGS:

1	On February 25, 2026, Licensing Program Analyst (LPA) Marisela Garcia-Centeno conducted an
2	unannounced visit to the facility to deliver the findings regarding the above-referenced allegation. LPA
3	was greeted by Executive Director Jessica Zepeda, with whom the investigative findings were discussed.
4	
5	The Department's investigation included a facility tour, record review, and interviews with staff, residents,
6	and outside sources.
7	
8	On May 22, 2025, Community Care Licensing (CCL) received a complaint alleging that staff handled
9	Resident 1 (R1) in a rough manner, resulting in injury. Specifically, it was alleged that during toileting
10	assistance, R1 was handled with excessive force, causing swelling and bruising to the left wrist. Staff
11	were provided with an LIC811 to identify R1. No specific dates, times, staff names, or additional details
12	regarding the alleged incident were provided.
13	(Continue at LIC9099C)

Unsubstantiated	Estimated Days of Completion:
------------------------	--------------------------------------

SUPERVISORS NAME: Sabel Martinez

LICENSING EVALUATOR SIGNATURE:

DATE: 02/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/25/2026

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

Control Number 08-AS-20250522101123

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
**COMPLAINT INVESTIGATION REPORT
(Cont)**

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

FACILITY NAME: WESTMONT AT SAN MIGUEL RANCH

FACILITY NUMBER: 374603509

VISIT DATE: 02/25/2026

NARRATIVE

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

(Continue from LIC9099)
A review of facility and resident records revealed that R1 has a documented diagnosis of mild cognitive impairment. R1 was unable to recall specific details of the alleged incident. However, during interviews, R1 stated that staff were nice, treated them with respect, and did not intentionally hurt them, but were attempting to assist with incontinent care.
Interviews conducted with residents, staff, and outside sources did not disclose any corroborating evidence to support the allegation. Residents and outside sources did not express concerns regarding staff mishandling residents in an inappropriate manner.
Staff interviews consistently indicated that direct care staff receive appropriate training, including proper techniques for assisting with transfers and activities of daily living, to ensure the health and safety of residents. Staff reported that care is provided in accordance with residents' individualized service plans. Staff denied the allegation and stated they were not aware of any incidents involving residents reporting pain or sustaining injury following toileting assistance.
During a visit to the facility on February 11, 2026, R1 was observed with no visible signs of abuse or neglect. Additionally, a review of R1's daily notes for the relevant time period did not reveal any documentation supporting the allegation.
Based on observations, record reviews, and interviews conducted with staff, residents, and outside sources, there was insufficient evidence to support the allegation that staff handled R1 in a rough manner causing injury. The preponderance of evidence standard was not met; therefore, the allegation is deemed Unsubstantiated.
An exit interview was conducted with Executive Director, Jessica Zepeda. A copy of this report and the Licensee Appeal Rights (LIC 9058, 03/22) and LIC811, were provided at the conclusion of the visit.

SUPERVISORS NAME: Sabel Martinez

LICENSING EVALUATOR NAME: Marisela Garcia-Centeno

LICENSING EVALUATOR SIGNATURE:

DATE: 02/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/25/2026