

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374603509
Report Date: 05/29/2026
Date Signed: 05/29/2026 05:09:21 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 11/12/2025 and conducted by Evaluator Marisela Garcia-Centeno

	COMPLAINT CONTROL NUMBER: 08-AS-20251112112706
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: 96
	DATE: 05/29/2026
	UNANNOUNCED TIME BEGAN: 03:00 AM
MET WITH: Business Office Director, Ellen Arguello	TIME COMPLETED: 05:05 AM

ALLEGATION(S):

1	Staff did not speak to resident in an appropriate manner.
2	Staff threatened eviction to resident in care.
3	Staff did not ensure resident was provided with clean bedsheets.
4	Staff did not ensure resident was served meal in a timely manner.
5	Staff did not ensure resident was provided bathing assistance.
6	Staff did not ensure altercations between residents were handled appropriately.
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8	
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INVESTIGATION FINDINGS:

1	On May 29, 2026, Licensing Program Analyst (LPA) Marisela Garcia-Centeno conducted an
2	unannounced visit to the facility to deliver findings regarding the above-referenced allegations. LPA was
3	greeted by Business Office Director, Ellen Arguello with whom the investigative findings were discussed.
4	
5	The Department's investigation included facility inspections, record reviews, and interviews with staff,
6	residents, responsible parties, and outside sources.
7	
8	On November 12, 2025, Community Care Licensing (CCL) received a complaint alleging that staff did not
9	speak to Resident 1 (R1) in an appropriate manner and threatened R1 with eviction. Additional
10	allegations included staff not ensuring R1 received clean bedsheets, timely meals, bathing assistance,
11	and appropriate intervention during resident altercations. Staff were provided with an LIC811 Confidential
12	Names List identifying R1, S1, and S2.
13	(continue at LIC9099C)

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Sabel Martinez

LICENSING EVALUATOR NAME: Marisela Garcia-Centeno	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/29/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/29/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 4
Control Number 08-AS-2025112112706

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: WESTMONT AT SAN MIGUEL RANCH	FACILITY NUMBER: 374603509
	VISIT DATE: 05/29/2026

NARRATIVE	
1	(Continue from LIC9099)
2	
3	Background Information
4	Review of R1's admission agreement and other relevant records did not disclose any diagnosis or
5	condition related to dementia. Records reviewed during the investigation confirmed that R1 moved into
6	the facility in April 2025 and voluntarily moved out in October 2025, residing at the facility for
7	approximately six months. Multiple interviews conducted during the investigation described R1 as alert
8	and oriented to person, place, and time, capable of advocating for themselves, and considered a
9	credible witness. Records and interviews further disclosed that R1 had a history of verbal disagreements
10	with staff and other residents and was frequently described as difficult to redirect. Staff and outside
11	sources consistently described R1 as unhappy living at the facility.
12	
13	During an interview conducted on May 28, 2026, R1 stated that S1 spoke inappropriately to them and
14	threatened eviction. R1 alleged that on or about October 1, 2025, S1 told R1 "to get out by the end of
15	the month or else they would wish they had." R1 also stated that S1 brought dogs into the facility and
16	that during one incident, a dog approached R1, causing R1 to lift their legs to avoid contact. According
17	to R1, S1 yelled across the room, "Don't you dare kick my dog." R1 stated they were attempting to move
18	away from the dog and denied attempting to kick it.
19	
20	R1 further alleged that following this incident, S1 instructed staff to withhold certain services, including
21	clean bedsheets, timely meals, and shower assistance. However, during the investigation, R1 was
22	unable to provide specific dates, times, or examples when services were allegedly not provided. R1
23	stated that residents and staff witnessed the incident but was unable to recall names or additional
24	identifying information.
25	R1 stated that S2 advocated on their behalf and often intervened during disagreements involving R1
26	and S1. On May 28, 2026, during an interview, S2 recalled assisting with de-escalating situations
27	involving R1 and staff or other residents in general. S2 stated that R1 frequently became upset during
28	interactions with others and that de-escalation interventions were often effective. However, S2 denied
29	ever witnessing or hearing S1 threaten, mistreat, or speak inappropriately to R1.
30	
31	
32	(continue at LIC9099C)

SUPERVISORS NAME: Sabel Martinez	
LICENSING EVALUATOR NAME: Marisela Garcia-Centeno	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/29/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/29/2026

LIC9099 (FAS) - (06/04) Page: 2 of 4
Control Number 08-AS-2025112112706

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
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NARRATIVE	
1	(continue from LIC9099C)
2	
3	Interviews conducted with residents, staff, responsible parties, and outside sources did not produce
4	corroborating evidence to support the allegations. During an interview, S2 stated that staff made
5	significant efforts to accommodate R1's preferences and care needs. S2 explained that R1 requested
6	showers at approximately 5:30 a.m., and the facility accommodated the request by arranging for
7	designated staff to arrive early once or twice weekly. Review of shower schedules and care records
8	confirmed that R1 received showers twice weekly, consistent with R1's service plan.
9	
10	Interviews with R1's responsible party did not disclose concerns regarding the care or services provided
11	by staff. The responsible party acknowledged staff efforts to accommodate R1's requests and needs.
12	Records reviewed during the investigation confirmed that R1 voluntarily moved out of the facility on
13	October 20, 2025. There was no evidence that R1 was served with a 30-day eviction notice, and no
14	corroborating evidence was obtained indicating that staff threatened eviction.
15	
16	It was also alleged that staff failed to appropriately intervene during altercations between residents.
17	However, no specific dates, times, or details regarding alleged resident altercations were provided
18	during the investigation. Interviews conducted with residents, staff, and outside sources did not disclose
19	any incidents involving resident altercations. Additionally, a review of incident reports submitted to CCL
20	during the relevant period did not disclose any resident-to-resident altercations.
21	
22	Staff interviews consistently indicated that direct care staff receive training regarding resident care,
23	activities of daily living, and de-escalation techniques to ensure resident health and safety. Staff reported
24	that care and supervision are provided in accordance with residents' individualized service plans. Staff
25	denied the allegations and stated they were unaware of any incidents involving inappropriate treatment
26	of residents or unaddressed resident altercations.
27	
28	
29	Interviews conducted with residents and responsible parties did not disclose concerns regarding unmet
30	care needs. Residents and responsible parties stated that bedsheets were changed weekly or as
31	needed when soiled, meals were served according to schedule, and shower schedules were followed in
32	accordance with individualized service plans.
	(continue at LIC9099C)

SUPERVISORS NAME: Sabel Martinez	
LICENSING EVALUATOR NAME: Marisela Garcia-Centeno	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/29/2026

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NARRATIVE	
1	(continue from LIC9099C)
2	
3	
4	During facility visits conducted on November 25, 2025, and February 11 and 25, 2026, resident rooms
5	were observed to be clean and organized. Beds inspected during the visits contained clean sheets and
6	linens. LPA also observed staff interactions with residents and did not observe concerns regarding staff
7	conduct or resident care. Staff appeared attentive and responsive to residents' needs. Additionally,
8	sufficient staff were observed present during the visits to meet residents' care and supervision needs.
9	

10
11 Based on observations, interviews, and record reviews conducted during the investigation, there was
12 insufficient evidence to support the allegations that staff spoke inappropriately to R1, threatened
13 eviction, failed to provide clean bedding, failed to provide meals in a timely manner, failed to provide
14 bathing assistance, or failed to appropriately address resident altercations. Although R1 reported
15 concerns regarding staff conduct and care, the allegations were not corroborated through interviews,
16 records, or observations conducted during the investigation. Therefore, the allegations are deemed
17 unsubstantiated.
18
19 An exit interview was conducted with Business Office Manager, Ellen Arguello. A copy of this report,
20 LIC811 Confidential Names List, and Licensee Appeal Rights (LIC 9058, 03/22) were provided at the
21 conclusion of the visit.
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SUPERVISORS NAME: Sabel Martinez	
LICENSING EVALUATOR NAME: Marisela Garcia-Centeno	
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