

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604079

Report Date: 07/21/2021

Date Signed: 07/22/2021 08:34:27 AM

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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 OF LA MESA	FACILITY NUMBER: 374604079
ADMINISTRATOR:ARMOUR, DAVID	FACILITY TYPE: 740
ADDRESS: 9000 MURRAY DR	TELEPHONE: (619) 369-9700
CITY: LA MESA	STATE: CA ZIP CODE: 91942
CAPACITY: 164	CENSUS: 109 DATE: 07/21/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 12:05 PM
MET WITH: Executive Director David Armour	TIME COMPLETED: 03:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Dang Nguyen conducted an unannounced Required 1 - Year Visit. The facility file was reviewed prior to the visit. LPA was greeted by and identified himself to Concierge Samantha Martinez. LPA then met and discussed the purpose of the visit with Executive Director David Armour.
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6	LPA conducted a brief tour of the facility and observed the residents in care. In accordance with the Department's Infection Control, LPA provided technical assistance and observed and evaluated the facility's implementation of their COVID-19 Mitigation Plan, to include disinfection, screening protocols, and the use of personal protective equipment. No deficiencies were cited on this date.
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11	An exit interview was conducted with Armour, to whom a copy of this report and the Licensee/Appeal Rights (LIC9058 01/16) were provided via E-mail.
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NAME OF LICENSING PROGRAM MANAGER: Rebecca Hedgecock

NAME OF LICENSING PROGRAM ANALYST: Dang Nguyen

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 07/21/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/21/2021

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