

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604079
Report Date: 03/25/2026
Date Signed: 03/25/2026 09:58:37 AM

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 **07/02/2024** and conducted by Evaluator Amy Domingo

	COMPLAINT CONTROL NUMBER: 08-AS-20240702142950
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FACILITY NAME: WESTMONT OF LA MESA	FACILITY NUMBER: 374604079
ADMINISTRATOR: GARCIA, KIMBERLY	FACILITY TYPE: 740
ADDRESS: 9000 MURRAY DR	TELEPHONE: (619) 369-9700
CITY: LA MESA	STATE: CA ZIP CODE: 91942
CAPACITY: 164	CENSUS: 118 DATE: 03/25/2026
MET WITH: Executive Director Wes Hebner	UNANNOUNCED TIME BEGAN: 08:00 AM
	TIME COMPLETED: 11:00 AM

ALLEGATION(S):

1	Staff are mistreating a resident
2	Staff yell at a resident
3	Staff inappropriately grabbed a resident
4	Staff are not properly feeding a resident
5	Staff leave a resident unattended
6	Resident sustained unexplained injuries while in care
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Amy Domingo conducted an unannounced visit to deliver findings
2	regarding the above complaint allegations. LPA introduced themselves and disclosed the purpose of the
3	visit to Executive Director Wes Hebner.
4	
5	The Department's investigation consisted of unannounced facility visits, interviews with facility staff,
6	residents, outside sources, and records review.
7	
8	On 7/2/24, it was alleged Staff are mistreating a resident Staff denied mistreatment and described
9	professional and respectful interactions with residents. No concerns were reported by staff regarding the
10	treatment of Resident 1 (R1). R1 and other interviewed residents denied experiencing or witnessing
11	mistreatment. Residents reported feeling safe and well cared for. Outside sources (OS1) familiar with
12	
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Simon Jacob

LICENSING EVALUATOR NAME: Amy Domingo
LICENSING EVALUATOR SIGNATURE:

DATE: 03/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/25/2026

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

LIC9099 (FAS) - (06/04)

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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 (Cont)

FACILITY NAME: WESTMONT OF LA MESA

FACILITY NUMBER: 374604079

VISIT DATE: 03/25/2026

NARRATIVE

- 1 R1's care reported no concerns and confirmed that R1 appeared well cared for and content.
 - 2 Records Review: No documentation indicated any incidents of mistreatment. R1's LIC 602 showed no
 - 3 cognitive impairments and confirmed R1's ability to make decisions. LPA Observations: R1 was
 - 4 observed to be well-groomed, alert, and oriented. The living environment was clean and organized, with
 - 5 no signs of neglect or mistreatment.
 - 6
 - 7 On 7/2/24, it was alleged staff yell at a resident. Staff denied yelling at residents and described using
 - 8 calm, respectful communication. Residents, including R1, denied being yelled at or witnessing staff
 - 9 yelling at others. Outside Source Interviews, no reports or concerns were raised regarding staff yelling at
 - 10 residents. A review revealed no incident reports or documentation supported this allegation. LPA
 - 11 Observed observed staff interacting with residents in a calm and professional manner during the visit.
 - 12
 - 13 On 7/2/24, it was alleged that staff inappropriately grabbed a resident. Staff denied any physical
 - 14 misconduct and described appropriate handling techniques. R1 and other residents denied being
 - 15 grabbed or witnessing inappropriate physical contact. Outside Source Interviews revealed no concerns
 - 16 regarding physical handling of residents. Records Review revealed no documentation or incident reports
 - 17 supported the allegation. LPA Observations: No signs of injury or distress were observed. R1 had no
 - 18 visible bruising or open areas.
 - 19
 - 20 On 7/2/24, it was alleged staff are not properly feeding a resident staff Interviews reported that meals
 - 21 are served regularly and residents are offered adequate food and hydration. R1 and other residents
 - 22 confirmed that meals are satisfactory and food is available throughout the day. Outside sources
 - 23 confirmed that R1 has not expressed concerns about meals and appears well nourished. Records
 - 24 Review revealed no documentation indicated issues with nutrition or feeding. LPA Observations
 - 25 revealed R1 appeared well nourished and reported satisfaction with meals and food availability.
 - 26
 - 27 On 7/2/24, it was alleged staff left a resident unattended. Staff reported regular monitoring of residents
 - 28 and confirmed that R1 is non ambulatory and in the memory unit but still checked on routinely. R1 stated
 - 29 that staff are consistently present and responsive. Other residents confirmed staff availability. Outside
 - 30 Source Interviews revealed no concerns were raised regarding residents being left unattended. Records
 - 31 Review revealed R1's LIC 602 indicates independence in daily living activities and no need for constant
 - 32 supervision. LPA Observations revealed staff were present and engaged with residents during the visit.
- R1 was not observed to be unattended.

SUPERVISORS NAME: Simon Jacob

LICENSING EVALUATOR NAME: Amy Domingo

LICENSING EVALUATOR SIGNATURE:

DATE: 03/25/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/25/2026

LIC9099 (FAS) - (06/04)

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Control Number 08-AS-20240702142950

**COMPLAINT INVESTIGATION REPORT
(Cont)****FACILITY NAME:** WESTMONT OF LA MESA**FACILITY NUMBER:** 374604079**VISIT DATE:** 03/25/2026**NARRATIVE**

1 On 7/2/24, it was alleged that a resident sustained unexplained injuries while in care. Staff denied any
2 incidents involving unexplained injuries to R1 and reported that they bump into things while using the
3 wheelchair and the staff attend to their bumps on their hands.
4 Resident Interviews: R1 denied sustaining any injuries and reported no issues with care. Outside Source
5 Interviews revealed no reports or concerns were raised regarding injuries. Records Review revealed
6 bumps to R1's hands that needed bandages but no broken skin. LPA Observations revealed bandaged
7 on R1 hands that were from bumping into the walls and the bumps were being monitored as needed.
8
9 Based on interviews, direct LPA observations, and records review, a preponderance of evidence does
10 not exist to prove that the alleged violations occurred. Therefore, all allegations are
11 UNSUBSTANTIATED.
12 An exit interview was conducted with WesHebner, Executive Director], to whom a copy of this report and
13 the Licensee/Appeal Rights (LIC 9058 03/22) were provided.
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SUPERVISORS NAME: Simon Jacob**LICENSING EVALUATOR NAME:** Amy Domingo**LICENSING EVALUATOR SIGNATURE:****DATE:** 02/23/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and
received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 02/23/2026