

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 374604318

Report Date: 06/03/2021

Date Signed: 06/03/2021 10:46:32 AM

**Document Has Been Signed on 06/03/2021 10:46 AM - It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814	
<b>FACILITY EVALUATION REPORT</b>			
FACILITY NAME: WESTMONT OF ENCINITAS		FACILITY NUMBER:	374604318
ADMINISTRATOR: TORTORELLI, TORRIE		FACILITY TYPE:	740
ADDRESS:	1920 SOUTH EL CAMINO REAL	TELEPHONE:	(858) 729-6720
CITY:	ENCINITAS	STATE: CA	ZIP CODE: 92024
CAPACITY:	101	CENSUS:	DATE: 06/03/2021
TYPE OF VISIT:	Office	ANNOUNCED	TIME BEGAN: 09:00 AM
MET WITH:	Charles Bloom	TIME COMPLETED:	09:30 AM
<b>NARRATIVE</b>			
1	<b>Component II completion: Successful</b>		
2	Facility Type: RCFE		
3	Application Type: Initial		
4	Capacity: 101		
5	Census (if any clients in care): n/a		
6	COMP II Participants: Charles Bloom/Administrator		
7	Interview Method: Telephone interview		
8	On 6/3/21, applicant/administrator participated in COMP II. Identification of the		
9	applicant and administrator was verified through interview questions based on photo		
10	ID and other identifying personal information. During COMP II, applicant and		
11	administrator confirmed the understanding of the California Code Title 22		
12	Regulations. Signed LIC 809 with copy of photo ID have been obtained.		
13	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of		
14	following areas:		
15	1. Facility operation: License type, client/resident populations, and program		
16	2. Admission Policies		
17	3. Staffing requirements & Training		
18	4. Restrictive/Prohibited Health Conditions		
19	5. General provisions		
20	6. Emergency Preparedness		
21	7. Complaints & Reporting		
22	8. Pre-licensing readiness		
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Julia Kim			
NAME OF LICENSING PROGRAM ANALYST: Darla Neeley			

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 06/03/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 06/03/2021

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