

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604318

Report Date: 06/03/2021

Date Signed: 06/03/2021 10:46:32 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, 744 P STREET, MS 9-14-8201 SACRAMENTO, CA 95814
FACILITY EVALUATION REPORT	

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

NARRATIVE	
1	Component II completion: Successful
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 applicant and administrator was verified through interview questions based on photo ID and other identifying personal information. During COMP II, applicant and administrator confirmed the understanding of the California Code Title 22 Regulations. Signed LIC 809 with copy of photo ID have been obtained.
9	During COMP II, CAB analyst confirmed Applicant/Administrator's understanding of following areas:
10	1. Facility operation: License type, client/resident populations, and program
11	2. Admission Policies
12	3. Staffing requirements & Training
13	4. Restrictive/Prohibited Health Conditions
14	5. General provisions
15	6. Emergency Preparedness
16	7. Complaints & Reporting
17	8. Pre-licensing readiness

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.