

Department of  
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604692  
Report Date: 04/07/2026  
Date Signed: 04/07/2026 04:16:07 PM

Document Has Been Signed on 04/07/2026 04:16 PM - It Cannot Be Edited

|                                                        |                                                                                              |                                                                                                                                                  |                 |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY |                                                                                              | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>SAN DIEGO RO, 7575 METROPOLITAN DR. #109<br>SAN DIEGO, CA 92108 |                 |
| FACILITY EVALUATION REPORT                             |                                                                                              |                                                                                                                                                  |                 |
| FACILITY NAME: WESTMONT OF CARMEL VALLEY               |                                                                                              | FACILITY NUMBER:                                                                                                                                 | 374604692       |
| ADMINISTRATOR/AMY BANAGA                               |                                                                                              | FACILITY TYPE:                                                                                                                                   | 740             |
| DIRECTOR:                                              |                                                                                              |                                                                                                                                                  |                 |
| ADDRESS:                                               | 5720 OLD CARMEL ROAD                                                                         | TELEPHONE:                                                                                                                                       | (858) 465-7356  |
| CITY:                                                  | SAN DIEGO                                                                                    | STATE: CA                                                                                                                                        | ZIP CODE: 92130 |
| CAPACITY: 138                                          | CENSUS: 131                                                                                  | DATE:                                                                                                                                            | 04/07/2026      |
| TYPE OF VISIT:                                         | Case Management - Deficiencies                                                               | UNANNOUNCED TIME VISIT/ INSPECTION                                                                                                               | 03:00 PM        |
| MET WITH:                                              | Executive Director Amy Banaga and Regional Director of Residential Services Stefanie Ancheta | BEGAN: TIME VISIT/ INSPECTION                                                                                                                    | 04:15 PM        |
|                                                        |                                                                                              | COMPLETED:                                                                                                                                       |                 |

| NARRATIVE |                                                                                                             |
|-----------|-------------------------------------------------------------------------------------------------------------|
| 1         | Licensing Program Analyst (LPA) Arian Golbakhsh conducted an unannounced Case Management visit              |
| 2         | to the facility. LPA was welcomed by, identified themselves to, and discussed the purpose of the visit to   |
| 3         | Executive Director Amy Banaga and Regional Director of Residential Services Stefanie Ancheta.               |
| 4         |                                                                                                             |
| 5         | While conducting file review of staff records, LPA noted that a staff member (identified as S1) was not     |
| 6         | associated to the facility. Per additional LPA interview and file review, it was revealed that S1 was       |
| 7         | working temporarily at this location and associated to a sister facility nearby. Per review of the Guardian |
| 8         | system, S1 did have an eligible background clearance, just that their clearance was not transferred over    |
| 9         | to this facility. S1 was able to be associated to this facility during the visit.                           |
| 10        |                                                                                                             |
| 11        | One type A Deficiency is being cited per California Code of Regulations, Title 22, Division 6 on the        |
| 12        | attached LIC 809-D for S1 working without having their clearance associated to the facility. A Civil        |
| 13        | Penalty is being assessed and details are noted on the attached LIC 421BG form. As a citation for the       |
| 14        | same regulation violation was assessed on 3/4/26, within a twelve (12) month period, a repeat violation     |
| 15        | Civil Penalty is being assessed and details are noted on the attached LIC 421IM. The combined amount        |
| 16        | of the Civil Penalties assessed today is \$4,000.00                                                         |
| 17        |                                                                                                             |
| 18        | One Deficiency was cited during the visit. An exit interview was conducted with Executive Director          |
| 19        | Banaga to whom a copy of this report, the LIC 421BG, LIC 421IM, and the Licensee/Appeal Rights (LIC         |
| 20        | 9058) were provided. Their signature below confirms receipt of these documents.                             |
| 21        |                                                                                                             |
| 22        |                                                                                                             |
| 23        |                                                                                                             |
| 24        |                                                                                                             |
| 25        |                                                                                                             |

|                                                    |  |
|----------------------------------------------------|--|
| NAME OF LICENSING PROGRAM MANAGER: Sabel Martinez  |  |
| NAME OF LICENSING PROGRAM ANALYST: Arian Golbakhsh |  |

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 04/07/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 04/07/2026

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

**FACILITY EVALUATION REPORT** California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

**DEFICIENCIES** A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

**PLANS OF CORRECTION (POCs)** The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

**CORRECTION NOTIFICATION** The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

**CIVIL PENALTIES** The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

**PENALTY NOTICE GIVEN** The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

**APPEAL RIGHTS** The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

**AGENCY REVIEW** The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

**EMAIL REQUIREMENT** Adult Community Care Facilities, Residential Care Facilities for the Chronically III, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

**Document Has Been Signed on 04/07/2026 04:16 PM - It Cannot Be Edited**

**Created By: Arian Golbakhsh On 04/07/2026 at 03:21 PM**  
**Link to Parent Document Below:**

|                                                        |                                                                                                                                      |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>, 7575 METROPOLITAN DR. #109<br>SAN DIEGO, CA 92108 |
| FACILITY EVALUATION REPORT (Cont)                      |                                                                                                                                      |

FACILITY NAME: WESTMONT OF CARMEL VALLEY

FACILITY NUMBER: 374604692

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/07/2026

| Deficiency Type<br>POC Due Date /<br>Section Number         | DEFICIENCIES |                                                                                                                                                                                                                                                                                                         | PLAN OF CORRECTIONS(POCs) |                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type A<br>04/14/2026<br>Section Cited<br>CCR<br>87355(e)(3) | 1            | 87355(e): "All individuals subject to a criminal record review [...] shall prior to working, residing or volunteering in a licensed facility: (3) Request a transfer of a criminal record clearance as specified in Section 87355(c)" This requirement is not met as evidenced by:                      | 1                         | Licensee was able to associate the staff member during the visit. Licensee will review the facility association roster to ensure it is up-to-date. Additionally, Licensee will conduct review of regulation 87355 and submit proof to LPA by POC due date. |
|                                                             | 2            |                                                                                                                                                                                                                                                                                                         | 2                         |                                                                                                                                                                                                                                                            |
|                                                             | 3            |                                                                                                                                                                                                                                                                                                         | 3                         |                                                                                                                                                                                                                                                            |
|                                                             | 4            |                                                                                                                                                                                                                                                                                                         | 4                         |                                                                                                                                                                                                                                                            |
|                                                             | 5            |                                                                                                                                                                                                                                                                                                         | 5                         |                                                                                                                                                                                                                                                            |
|                                                             | 6            |                                                                                                                                                                                                                                                                                                         | 6                         |                                                                                                                                                                                                                                                            |
|                                                             | 7            |                                                                                                                                                                                                                                                                                                         | 7                         |                                                                                                                                                                                                                                                            |
|                                                             | 8            | Based on LPA file review and interview, the licensee did not comply with the section cited above in ensuring that a staff member had their clearance transferred prior to working at the facility, which poses an immediate health, safety, and personal rights risk to 131 out of 131 persons in care. | 8                         |                                                                                                                                                                                                                                                            |
|                                                             | 9            |                                                                                                                                                                                                                                                                                                         | 9                         |                                                                                                                                                                                                                                                            |
|                                                             | 10           |                                                                                                                                                                                                                                                                                                         | 10                        |                                                                                                                                                                                                                                                            |
|                                                             | 11           |                                                                                                                                                                                                                                                                                                         | 11                        |                                                                                                                                                                                                                                                            |
|                                                             | 12           |                                                                                                                                                                                                                                                                                                         | 12                        |                                                                                                                                                                                                                                                            |
|                                                             | 13           |                                                                                                                                                                                                                                                                                                         | 13                        |                                                                                                                                                                                                                                                            |
|                                                             | 14           |                                                                                                                                                                                                                                                                                                         | 14                        |                                                                                                                                                                                                                                                            |
|                                                             | 1            |                                                                                                                                                                                                                                                                                                         | 1                         |                                                                                                                                                                                                                                                            |
|                                                             | 2            |                                                                                                                                                                                                                                                                                                         | 2                         |                                                                                                                                                                                                                                                            |
|                                                             | 3            |                                                                                                                                                                                                                                                                                                         | 3                         |                                                                                                                                                                                                                                                            |
|                                                             | 4            |                                                                                                                                                                                                                                                                                                         | 4                         |                                                                                                                                                                                                                                                            |
|                                                             | 5            |                                                                                                                                                                                                                                                                                                         | 5                         |                                                                                                                                                                                                                                                            |
|                                                             | 6            |                                                                                                                                                                                                                                                                                                         | 6                         |                                                                                                                                                                                                                                                            |
|                                                             | 7            |                                                                                                                                                                                                                                                                                                         | 7                         |                                                                                                                                                                                                                                                            |
|                                                             | 1            |                                                                                                                                                                                                                                                                                                         | 1                         |                                                                                                                                                                                                                                                            |
|                                                             | 2            |                                                                                                                                                                                                                                                                                                         | 2                         |                                                                                                                                                                                                                                                            |
|                                                             | 3            |                                                                                                                                                                                                                                                                                                         | 3                         |                                                                                                                                                                                                                                                            |
|                                                             | 4            |                                                                                                                                                                                                                                                                                                         | 4                         |                                                                                                                                                                                                                                                            |
|                                                             | 5            |                                                                                                                                                                                                                                                                                                         | 5                         |                                                                                                                                                                                                                                                            |
|                                                             | 6            |                                                                                                                                                                                                                                                                                                         | 6                         |                                                                                                                                                                                                                                                            |
|                                                             | 7            |                                                                                                                                                                                                                                                                                                         | 7                         |                                                                                                                                                                                                                                                            |

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

|                                       |                 |
|---------------------------------------|-----------------|
| NAME OF LICENSING PROGRAM<br>MANAGER: | Sabel Martinez  |
| NAME OF LICENSING PROGRAM<br>ANALYST: | Arian Golbakhsh |

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 04/07/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 04/07/2026