

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435294345
Report Date: 09/20/2023
Date Signed: 09/20/2023 02:59:26 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/11/2023** and conducted by Evaluator Christine Dolores

	COMPLAINT CONTROL NUMBER: 26-AS-20230911135649
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FACILITY NAME: WESTMONT OF MORGAN HILL	FACILITY NUMBER: 435294345
ADMINISTRATOR: JOLIE HIGGINS	FACILITY TYPE: 740
ADDRESS: 1160 COCHRANE RD	TELEPHONE: (408) 779-8490
CITY: MORGAN HILL	STATE: CA ZIP CODE: 95037
CAPACITY: 112	CENSUS: 76 DATE: 09/20/2023
MET WITH: Jolie Higgins	UNANNOUNCED TIME BEGAN: 09:15 AM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

1	Staff does not allow resident to have visitors.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Christine Dolores arrived to the facility unannounced to open the initial
2	complaint investigation. LPA met with Executive Director (ED) Jolie Higgins.
3	
4	On 09/11/2023, the Department received a complaint alleging staff did not allow resident (R1) to have
5	visitors. On 09/20/2023, the initial complaint investigation was conducted.
6	
7	The following documents were obtained for this investigation to include resident (R1)'s physician's report,
8	service plan, identification and emergency information, Power of Attorney (POA) information, progress
9	notes, visitation list, and facility's visitor log from 08/29/23 and 09/11/23. SEE LIC9099-C.
10	
11	
12	
13	

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Sarah Yip
NAME OF LICENSING PROGRAM ANALYST: Christine Dolores
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/20/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/20/2023

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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Control Number 26-AS-20230911135649

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350
SAN JOSE, CA 95131

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: WESTMONT OF MORGAN HILL

FACILITY NUMBER: 435294345

VISIT DATE: 09/20/2023

NARRATIVE

- 1 On 09/20/2023, 1 staff member and 2 witnesses were interviewed.
- 2
- 3 Based on staff interview, the facility was provided a visitation list signed by the resident (R1) and R1's
- 4 POA during admission. The list includes a list of residents who are allowed to visit and not visit R1. The
- 5 list was maintained at the front desk. It was explained that if a visitor from the list were to arrive to the
- 6 facility, the Executive Director (ED) would still ask R1 if he/she would like to see the visitor per the
- 7 resident's right. ED stated that R1 refused to see visitors.
- 8
- 9 The review of records show that R1 signed a list of visitors who were allowed to visit and not allowed to
- 10 visit R1. On 08/28/2023, the facility received communication to add another visitor to the "no visit" list.
- 11
- 12 Based on interview with witness (W2), it was R1's decision to put together a list of people who can visit
- 13 and not visit R1.
- 14
- 15 The Department has investigated the above allegation. Based on interview, record review and
- 16 observation the above allegation is unsubstantiated. An unsubstantiated finding indicates that although
- 17 the allegation may have happened and/or is valid there is not a preponderance of evidence to prove the
- 18 alleged violation did or did not occur.
- 19
- 20
- 21 No deficiencies were cited per California Code of Regulations, Title 22. This report was reviewed with
- 22 Executive Director, Jolie Higgins and a copy of the report was provided.
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NAME OF LICENSING PROGRAM MANAGER: Sarah Yip
NAME OF LICENSING PROGRAM ANALYST: Christine Dolores
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/20/2023

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/20/2023