

# Department of SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 435294345

**Report Date:** 02/24/2026

**Date Signed:** 02/24/2026 04:13:12 PM

**Document Has Been Signed on** 02/24/2026 04:13 PM - **It Cannot Be Edited**

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	WESTMONT OF MORGAN HILL	FACILITY NUMBER:	435294345
ADMINISTRATOR/MICHAEL FOUNTAIN DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	1160 COCHRANE RD	TELEPHONE:	(408) 779-8490
CITY:	MORGAN HILL	STATE: CA	ZIP CODE: 95037
CAPACITY:	112	CENSUS: 82	DATE: 02/24/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	08:50 AM
MET WITH:	Michael Fountain	BEGAN: TIME VISIT/INSPECTION	12:00 PM
		COMPLETED:	

### NARRATIVE

1 Licensing Program Analyst (LPA) Steve Chang conducted an unannounced annual inspection visit and  
2 met with Executive Director Michael Fountain (ED) .  
3  
4 LPA toured Compass Rose (Memory Care unit) with ED to include 4 apartments (RM #129, #126, #123,  
5 #120), bathrooms, activity room, kitchen, dining room, and patio area. All fire exit routes were free and  
6 clear of obstruction. LPA checked 2 common restrooms in memory care unit. One delayed egress exit  
7 door of memory care unit was observed in working condition and the other one was under repair. LPA  
8 observed a caregiver sit outside if the exit door of the memory care unit to monitor. Room temperature  
9 maintained between 76 degrees F. Kitchen refrigerator temperature maintained at 40 degrees F. Freezer  
10 temperature maintained at 0 degrees F. Hot water temperature measured at 118 degrees F. Chemicals,  
11 disinfectants, and medications observed locked in Compass Rose. During visit, resident's observed  
12 participating in various activities.  
13  
14 2 resident files in Compass Rose was reviewed. 2 out of 2 resident files were complete and no issues  
15 noted. LPA inspected 2 resident's centrally stored medication and records with staff. 2 out of 2 resident  
16 medications were complete and no issues noted.  
17  
18 LPA entered in the kitchen with the ED. The facility has at least 2 days worth of perishables and 7 days  
19 worth of non-perishable foods. Items inside the refrigerator and freezer observed covered and labeled.  
20  
21 Continue on LIC809-C.  
22  
23  
24  
25

**NAME OF LICENSING PROGRAM MANAGER:** Romeo Manzano

**NAME OF LICENSING PROGRAM ANALYST:** Chihhsien Chang

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 02/24/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 02/24/2026

**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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CENTRAL COAST CR/RES, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
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**FACILITY NAME:** WESTMONT OF MORGAN HILL

**FACILITY NUMBER:** 435294345

**VISIT DATE:** 02/24/2026

<b>NARRATIVE</b>	
1	LPA toured Assisted Living with ED to include 4 resident apartments (RM #225, #218, #206, and #243)
2	and common restrooms. Hot water temperature was measured at 118 degree F. LPA checked 2
3	residents file in Assisted Living was reviewed. 2 out of 2 resident's files were complete. LPA inspected 2
4	resident's centrally stored medication and records with staff. 2 out of 2 resident medications were
5	complete and no issues noted.
6	
7	4 staff files were reviewed and observed complete. 4 out of 4 staff members are fingerprint cleared. 4
8	out of 4 staff have over 20 hours of annual training.
9	
10	Fire extinguishers observed throughout the facility, last service date was 06/26/2025. Facility has carbon
11	monoxide and smoke detectors present. Carbon monoxide detector was tested and was observed
12	functional. Facility has an emergency disaster plan and emergency non-perishable foods. LPA observed
13	the facility has a box that contains emergency supplies to include (but not limited to) flash lights,
14	batteries, radio, reflector vests, and band aids. The last time of the facility emergency drill was done on
15	1/30/2026. Elevator observed in working condition. LPA observed the facility has a first aid kit. 3
16	stairwells were observed with an evacuation chairs.
17	
18	LPA toured 2 court yards and side yard with ED. The court yard of memory care unit with 2 delayed
19	opening doors and were observed in operational condition.
20	
21	No citation were cited today. This report was reviewed with Executive Director, and a copy of the report
22	was provided.
23	
24	
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32	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Romeo Manzano <b>NAME OF LICENSING PROGRAM ANALYST:</b> Chihhsien Chang <b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	<b>DATE:</b> 02/24/2026
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**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.**

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 02/24/2026
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