

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 435294345
Report Date: 04/22/2026
Date Signed: 04/22/2026 01:34:17 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 04/14/2026 and conducted by Evaluator Marcella Tarin

	COMPLAINT CONTROL NUMBER: 26-AS-20260414103629
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FACILITY NAME: WESTMONT OF MORGAN HILL	FACILITY NUMBER: 435294345
ADMINISTRATOR:MICHAEL FOUNTAIN	FACILITY TYPE: 740
ADDRESS: 1160 COCHRANE RD	TELEPHONE: (408) 779-8490
CITY: MORGAN HILL	ZIP CODE: 95037
CAPACITY: 112	DATE: 04/22/2026
	UNANNOUNCED TIME BEGAN: 09:30 AM
MET WITH: Executive Director (ED) Michael Fountain	TIME COMPLETED: 01:45 PM

ALLEGATION(S):

1	Facility staff did not provide care and supervision of residents without physical or verbal abuse.
2	Facility staff are not appropriately trained.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Marcella Tarin conducted an unnanounced complaint investigation visit.
2	LPA met with Executive Director (ED) Michael Fountain. LPA stated the purpose of the visit.
3	
4	On 4/14/2026 the Department received a complaint with the above allegations.
5	
6	On 4/22/2026 the Department conducted the intial complaint investigation visit and interviewed 5 Staff
7	(S1 to S4), 7 Residents (R1 to R7) and 1 Witness (W1). 5 Out of 5 staff stated he/she is not aware of
8	staff yelling, pushing, pulling or hitting residents in care at anytime.
9	
10	On 4/22/2026 the Department interviewed 7 residents. 6 Out 7 Residents stated he/she is not aware of
11	any staff yelling, pushing, pulling or hitting residents in care at anytime.
12	
13	Page 1 of 2

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Christine Kabariti	
LICENSING EVALUATOR NAME: Marcella Tarin	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/22/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/22/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 2
Control Number 26-AS-20260414103629

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: WESTMONT OF MORGAN HILL	FACILITY NUMBER: 435294345
	VISIT DATE: 04/22/2026

NARRATIVE	
1	R4 states there was an incident where staff yelled at him/her due to R4 yelling at another resident. R4
2	states the staff yelled at him/her to stop yelling at the resident. R4 states there was an incident where
3	he/she was trying to get up from his/her wheelchair and staff began to push the wheelchair. R4 states
4	he/she almost fell. R4 did not provide additional information regarding these incidents.
5	
6	On 4/16/2026, 4/20/2026 and 4/22/2026 the Department interviewed Witness 1 (W1). W1 states his/her
7	loved one was pulled by the wrists by facility staff. W1 did not provide additional information regarding
8	this incident.
9	
10	The Department reviewed incident reports for the months of February 2026, March 2026 and April 2026,
11	there were no incident reports regarding physical or verbal abuse of residents in care by staff.
12	<u>Facility staff are not appropriately trained.</u>
13	On 4/22/2026 the Department conducted the initial complaint investigation visit and interviewed 4 Staff
14	(S1 to S4), 7 Residents (R1 to R7) and 1 Witness (W1). 4 Out of 4 staff stated he/she has received
15	training by the facility.
16	
17	On 4/22/2026 the Department interviewed 7 Residents (R1 to R7) 7 residents out of 7 residents stated
18	the staff know what they are doing when assisting him/her with care.
19	
20	
21	On 4/16/2026, 4/20/2026 and 4/22/2026 the Department interviewed Witness 1 (W1). W1 states facility
22	staff are 'not well trained on everything." W1 did not provide additional information regarding how staff
23	are not well trained.
24	
25	On 4/22/2026 the Department reviewed 5 staff records. 5 Out of 5 staff records contain training records
26	for 2023, 2024, 2025 and 2026, to included training topics such as but not limited to dementia care,
27	person centered care, nutrition and hydration.
28	
29	Although the allegations may have happened or are valid, there is no preponderance of evidence to
30	prove the alleged violation(s) did or did not occur, therefore the allegation is UNSUBSTANTIATED . No
31	deficiencies were cited per California Code of Regulations, Title 22. An exit interview was conducted
32	with GM and a copy of this report was provided.
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LICENSING EVALUATOR NAME: Marcella Tarin	
LICENSING EVALUATOR SIGNATURE:	DATE: 04/22/2026
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/22/2026