

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 445202597  
**Report Date:** 03/08/2021  
**Date Signed:** 04/05/2021 02:24:15 PM

**Document Has Been Signed on 04/05/2021 02:24 PM - It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: WESTWIND MEMORY CARE	FACILITY NUMBER: 445202597
ADMINISTRATOR: KAREN TRAVIS	FACILITY TYPE: 740
ADDRESS: 160 JEWELL STREET	TELEPHONE: (831) 421-9100
CITY: SANTA CRUZ	STATE: CA
CAPACITY: 59	ZIP CODE: 95060
TYPE OF VISIT: Office	CENSUS: DATE: 03/08/2021
MET WITH: Steven Silacci, Parvinder Kaur, Lance Leland	UNANNOUNCED TIME BEGAN: 01:00 PM
	TIME COMPLETED: 02:00 PM

NARRATIVE	
1	A Noncompliance meeting was virtually held on 03/08/21 between Regional Manager Vivien Helbling,
2	Licensing Program Manager Sarah Yip, Licensing Program Analyst Ryker Heberle, Administrator Steven
3	Silacci, Wellness Director Parvinder Kaur, Vice President of Organizational Development Lance Leland
4	to discuss the complaint substantiated on 02/01/2021.
5	
6	LPA recapped the nature of the complaint. RM informed facility of their cited deficiencies. Admin and WD
7	indicated that the citations have since been addressed with additional training and changes in reporting
8	policy. A copy of the compliance plan was provided to the Admin, WD, and VP for review. Admin and WD
9	stated that they have already taken the measures outlined in the compliance plan and will provide
10	documentation indicating such on March 26, 2021.
11	
12	RM informed VP that the facility's appeal on 87411(a) citation was to be denied. VP requested that
13	Licensing revise citation to indicate the number of employees designated as incompetent. Licensing
14	agreed to amend the citation and drafted a revision. VP was satisfied with revision.
15	
16	RN requested that the facility visit CCLD website and sign up for the Technical Support Program. Facility
17	agreed to do so.
18	
19	
20	No deficiencies cited in today's meeting. A copy of this report and the Non-Compliance Conference
21	Summary (LIC9111) were provided to Admin for signature.
22	
23	
24	
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Sarah Yip
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Ryker Heberle

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/08/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/08/2021

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