

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 045002620

Report Date: 10/30/2025

Date Signed: 10/31/2025 11:15:32 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
FACILITY EVALUATION REPORT	

FACILITY NAME: WESTMONT OF CHICO-THE INN AT THE TERRACES	FACILITY NUMBER: 045002620
ADMINISTRATOR/KEENE, CLIFF	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 2950 SIERRA SUNRISE TERRACE	TELEPHONE: (530) 894-5429
CITY: CHICO STATE: CA	ZIP CODE: 95928
CAPACITY: 99 CENSUS: 79	DATE: 10/30/2025
TYPE OF VISIT: Case Management - Legal/Non-compliance	UNANNOUNCED TIME VISIT/ INSPECTION 08:15 AM
	BEGAN: TIME VISIT/ INSPECTION 09:45 AM
MET WITH: Cliff Keene, Administrator	COMPLETED:


NARRATIVE

1 On October 30, 2025, Licensing Program Analyst (LPA) Kayla Adkison arrived at the facility
2 unannounced to conduct a Case Management/Legal visit in accordance with the Stipulation and Order
3 effective November 3, 2023 - November 3, 2025. A copy of the Stipulation and Order is posted in a
4 conspicuous place and is available for review upon request. LPA met with the Administrator, Cliff Keene,
5 and was granted access to the facility.
6
7 During the visit, LPA reviewed the following stipulations of the order:
8
9 1. Staff shall be sufficient in number, qualifications, and competency and shall provide additional back
10 up staff to provide the services necessary to meet residents' needs
11 · During the inspection, LPA observed LIC 500 and staff schedule and found staff to be sufficient in
12 number. LPA observed training that was conducted from May 2025 to October 2025, which was found to
13 be sufficient.
14 2. Facility shall inform all current and prospective residents and/or responsible parties of the facility's
15 probationary license by providing to the residents/residents' responsible party a copy of the stipulation.
16 · LPA observed notification within (5) five of (5) five resident files that they or their responsible party was
17 notified of the stipulation. LPA observed notification of the stipulation for new residents in the admissions
18 agreement.
19
20 3. Facility shall ensure that each resident is able to receive three nutritionally well-balanced meals which
21 within 30 days of the effective date of the stipulation shall incorporate the policy of maintaining a Daily
22 Resident Meal Check List into the plan of operations.
23 · LPA observed Daily Resident Meal Check list for the month of October 2025 which is sufficient in
24 ensuring that residents are receiving meals, and staff are regularly checking on residents should they
25 choose not to receive meals. The Daily Resident Meal Check List is in the plan of operations, as
required by the stipulation.
Report continued on LIC-809C

NAME OF LICENSING PROGRAM MANAGER: Lauren Crocker

NAME OF LICENSING PROGRAM ANALYST: Kayla Adkison

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/30/2025

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 Ill, 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 FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
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FACILITY NAME: WESTMONT OF CHICO-THE INN AT THE TERRACES

FACILITY NUMBER: 045002620

VISIT DATE: 10/30/2025

NARRATIVE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	4. Facility shall submit a written summary of hiring and training practices, including job descriptions to the licensing agency. · LPA has observed hiring and training practices, including job descriptions in the Plan of Operation. 5. Facility staff shall submit any unusual incident reports to the licensing agency by the next working day and a written report to be submitted to the licensing agency within seven days following the date of the incident. · LPA has observed that the facility has been reporting incidents timely and submitting the required information to the licensing agency appropriately. The facility is in compliance with the terms and conditions set forth in the Stipulation Order. No deficiencies were cited as a result of this inspection. This will serve as the final visit of the probationary term. Exit interview conducted and a copy of the report was provided to Administrator, Cliff Keene, via email
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NAME OF LICENSING PROGRAM MANAGER: Lauren Crocker	
NAME OF LICENSING PROGRAM ANALYST: Kayla Adkison	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 10/30/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 10/30/2025
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