

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 079200801  
Report Date: 07/21/2021  
Date Signed: 07/21/2021 11:41:05 AM

### Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **05/18/2021** and conducted by Evaluator Daisy Panlilio

	<b>COMPLAINT CONTROL NUMBER: 15-AS-20210518160827</b>
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<b>FACILITY NAME:</b> WESTMONT OF PINOLE	<b>FACILITY NUMBER:</b> 079200801
<b>ADMINISTRATOR:</b> JOSEPHINE DAVIS	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 2850 ESTATES AVE	<b>TELEPHONE:</b> (510) 758-1122
<b>CITY:</b> PINOLE	<b>STATE:</b> CA
<b>CAPACITY:</b> 100	<b>ZIP CODE:</b> 94564
	<b>CENSUS:</b> 54
	<b>DATE:</b> 07/21/2021
	<b>UNANNOUNCED TIME BEGAN:</b> 11:00 AM
<b>MET WITH:</b> Patrick Frazier, Operations Specialist/administrator	<b>TIME COMPLETED:</b> 11:50 AM

#### ALLEGATION(S):

1	Resident sustained an unexplained, suspicious injury
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#### INVESTIGATION FINDINGS:

1	On 07/22/21, Licensing Program Analyst (LPA) D Panlilio conducted an unannounced subsequent
2	complaint visit to deliver the findings of above allegation. LPA explained the reason for the visit with
3	operations specialist/administrator.
4	
5	During investigation, R1 had an unwitnessed fall while in the TV room on 05/17/21 which resulted in five
6	stitches to her left cheek. Prior to 05/17/21 incident, R1 also had another unwitnessed mechanical fall on
7	05/13/21 that resulted in a bruise to her right eye. In both instances, R1 was taken to the hospital for
8	treatment/evaluation and released back to the facility with increased staff monitoring to reduce the
9	chance of a fall. Interviews with staff confirm R1 is a fall risk, has an unsteady gait and often forgets to
10	use her wheelchair to walk around due to dementia. Facility staff has communicated with R1's family to
11	hire a one on one caregiver to help supervise R1. Although the allegation may have happened or is valid,
12	there is not a preponderance of evidence to prove the alleged violation did occur, therefore the allegation
13	is unsubstantiated.

No deficiencies cited during this visit. Exit Interview conducted and a copy of this report provided to operations specialist/administrator.

**Unsubstantiated**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Bennett Fong  
**NAME OF LICENSING PROGRAM ANALYST:** Daisy Panlilio  
**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 07/21/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 07/21/2021

**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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