

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200801

Report Date: 05/20/2021

Date Signed: 05/20/2021 11:34:20 AM

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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	
FACILITY EVALUATION REPORT			
FACILITY NAME: WESTMONT OF PINOLE		FACILITY NUMBER: 079200801	
ADMINISTRATOR: JOSEPHINE DAVIS		FACILITY TYPE: 740	
ADDRESS: 2850 ESTATES AVE		TELEPHONE: (510) 758-1122	
CITY: PINOLE		STATE: CA ZIP CODE: 94564	
CAPACITY: 100		CENSUS: 55 DATE: 05/20/2021	
TYPE OF VISIT: Case Management - Health Checks		UNANNOUNCED TIME BEGAN: 11:04 AM	
MET WITH: Josephine Davis, Administrator		TIME COMPLETED: 11:55 AM	
NARRATIVE			
1	On 05/20/21 at 11AM, Licensing Program Analyst (LPA) Daisy Panlilio conducted an		
2	unannounced Health and Safety check as a result of the department receiving a		
3	priority 2 complaint. LPA explained the reason for the visit with administrator. LPA		
4	observed all staff wearing face masks at the facility. LPA observed COVID-19 signs		
5	posted throughout the facility. The front entrance had a screening station for all staff,		
6	residents, visitors to be checked for COVID-19 symptoms upon entry with a plexi-		
7	plastic divider at the front desk for added safety.		
8			
9			
10	During the health and safety check, LPA toured facility with administrator, including		
11	but not limited to bedrooms, kitchen, bathroom, and common areas. LPA observed		
12	12 memory care residents watching TV and doing stretching exercises in the		
13	activities room with 4 staff wearing masks. LPA observed 3 assisted living residents		
14	wearing masks walking around the common areas with their pet dogs on leashes.		
15	Residents in care appear to be safe and there are no imminent health/safety		
16	concerns on today's date.		
17			
18			
19			
20	No deficiencies cited during the health and safety check. Exit interview conducted		
21	and a copy of this report provided.		
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Bennett Fong			
NAME OF LICENSING PROGRAM ANALYST: Daisy Panlilio			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/20/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/20/2021

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