

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331880645
Report Date: 09/09/2026
Date Signed: 09/09/2026 12:56:36 PM

COMPREHENSIVE INSPECTION

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME:	BELLA VILLAGGIO	FACILITY NUMBER:	331880645
ADMINISTRATOR/DIRECTOR:	ELOIZA CASTELLANOS	FACILITY TYPE:	740
ADDRESS:	40235 PORTOLA AVE	TELEPHONE:	(760) 607-5200
CITY:	PALM DESERT	STATE:	CA
CAPACITY:	170	ZIP CODE:	92260
TYPE OF VISIT:	Annual/Random	CENSUS:	159
		DATE:	09/09/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	10:30 AM
MET WITH:	Eloiza Castellanos Administrator	TIME VISIT/INSPECTION COMPLETED:	01:00 PM

NARRATIVE	
1	On September 9, 2026 Licensing Program Analyst (LPA), Toni Nwala made an unannounced visit to the
2	facility for the purpose of conducting a required annual inspection. LPA was greeted and granted entry to
3	conduct the inspection. LPA met with administrator, Eloiza Castellanos and she was notified of the
4	purpose for the visit.
5	
6	LPA toured the facility inside and outside with Administrator Eloiza. The LPA observed a centralized fire
7	alarm/fire extinguisher system and operating carbon monoxide detectors throughout the facility. LPA
8	observed multiple fire extinguishers that are charged were inspected on 01/22/2026. LPA observed
9	passageways were clear of obstructions and there are rail bars in hallways. LPA was informed this
10	facility does not allow the storage of firearms or ammunition. LPA observed the pool area fenced and
11	locked. Residents in the assisted living unit of the facility have a key fob to access the pool. Residents in
12	the memory care unit do not have access.
13	LPA observed a full service restaurant, movie theater, library, game room, art room, pool table, gym and
14	several lounges. Physical plant, floors, windows, and doors were observed to be clean and in good
15	repair. Fixtures and furniture were in good repair and were present. The outdoor area was observed to
16	have lots of shaded area for residents and was free of hazards. This facility has fenced/gated swimming
17	pool. Cleaning chemicals are all handled by the maintenance staffs. LPA was informed that there is a
18	team of maintenance staffs.
19	
20	All units are apartments with with kitchen, bathroom and bedrooms. Residents can either dine at the
21	restaurants or receive food services from the facility.
22	
23	
24	
25	



DATE: 09/09/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/09/2026

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: BELLA VILLAGGIO	FACILITY NUMBER: 331880645
	VISIT DATE: 09/09/2026

NARRATIVE	
1	Adequate staff are present for the supervision of residents during the visit, LPA also reviewed the staff
2	schedule showing adequate staff coverage. Facility sketch, exit routes, personal rights, complaint
3	information and emergency phone numbers were found posted in the facility.
4	
5	Facility has adequate supply of linens and towels for use by the residents and were sufficient to meet
6	the needs of the residents. LPA observed laundry rooms which had operating washers and dryers for
7	residents use. Laundry room in the memory unit is locked at all times and only accessible to staff.
8	
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10	
11	LPA reviewed five (5) staff files and training. All staff have criminal clearance and updated training along
12	with CPR/First Aid Certification. ten (10) resident files were reviewed, and possessed all required
13	paperwork.
14	
15	LPA reviewed the facility's emergency and disaster plan. LPA reviewed documentation showing the
16	facility's last fire and earthquake drills, which met the department requirements. LPA observed all facility
17	exits were clear from obstructions. LPA observed emergency supplies in a storage room and first aid kit
18	with all required items.
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21	No deficiencies were cited at the time of the visit.
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23	An exit interview was conducted where a copy of this report was provided to Administrator Eloiza
24	Castellanos.
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NAME OF LICENSING PROGRAM MANAGER: Anthony Perez	
NAME OF LICENSING PROGRAM ANALYST: Toni Nwala	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/09/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/09/2026