

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374603462

Report Date: 02/13/2025

Date Signed: 02/13/2025 02:34:58 PM

Document Has Been Signed on 02/13/2025 02:34 PM - **It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION Lookup Error, CA
FACILITY EVALUATION REPORT	

FACILITY NAME:	VILLA MONTICELLO ASSISTED LIVING	FACILITY NUMBER:	374603462
ADMINISTRATOR/DIRECTOR:	ORLANDO DY	FACILITY TYPE:	740
ADDRESS:	25695 N. CENTRE CITY PARKWAY	TELEPHONE:	(760) 738-1555
CITY:	ESCONDIDO	STATE:	CA
CAPACITY:	29	ZIP CODE:	92026
TYPE OF VISIT:	Collateral	CENSUS:	20
		DATE:	02/13/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	01:10 PM
MET WITH:	Iezza Zzadotolero, Resident Care Manager	TIME VISIT/INSPECTION COMPLETED:	02:40 PM

NARRATIVE

1 Licensing Program Analyst's (LPAs) Carmen Lopez and Arian Golbakhsh conducted an unannounced collateral
2 visit to the facility. LPAs Lopez and Golbakhsh identified themselves and were vgranted entry by Dolores Zeiler,
3 Medication Technician. LPA stated the purpose of the visit with Melissa Kramer, Executive Director, and Iezza
4 Zzadotolero, Resident Care Manager.
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6 During the visit, LPA's Lopez and Golbakhsh spoke with staff and resident to aid in an open investigation
7 involving a different licensed care facility. No deficiencies were observed or cited during today's visit.
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9 An exit interview was conducted, and a copy of this report along with Licensee/Appeal Rights (LIC9058 03/22)
10 were provided to Iezza Zzadotolero, Resident Care Manager, at the conclusion of the visit. The signature below
11 confirms the receipt of the documents.
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SUPERVISORS NAME: Jennifer Lott
LICENSING EVALUATOR NAME: Carmen Lopez

LICENSING EVALUATOR SIGNATURE:

A rectangular box with a thin border, intended for the licensing evaluator's signature. It contains a small icon in the top-left corner.

DATE: 02/13/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

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DATE: 02/13/2025

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