

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374603462
Report Date: 05/17/2026
Date Signed: 05/17/2026 12:42:53 PM

Unsubstantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 02/06/2024 and conducted by Evaluator Christian Gutierrez

PUBLIC	COMPLAINT CONTROL NUMBER: 18-AS-20240206111549
FACILITY NAME: VILLA MONTICELLO ASSISTED LIVING	FACILITY NUMBER: 374603462
ADMINISTRATOR: ORLANDO DY	FACILITY TYPE: 740
ADDRESS: 25695 N. CENTRE CITY PARKWAY	TELEPHONE: (760) 738-1557
CITY: ESCONDIDO	ZIP CODE: 92026
CAPACITY: 29	DATE: 05/17/2026
	CENSUS: 23
	UNANNOUNCED TIME BEGAN: 09:35 AM
MET WITH: Dolores Zeiler	TIME COMPLETED: 12:55 PM

ALLEGATION(S):

1	Staff does not provide 60-day notice prior to rent increase.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Christian Gutierrez conducted a subsequent complain visit in regard to
2	the allegations listed above. LPA met caregiver/med-tech Dolores Zeiler (DJ) who assisted with today's
3	visit. Administrator Orlando Dy was notified by telephone.
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5	The investigation consisted of the following: During the initial visit conducted on 02/12/2024, LPA Janette
6	Romero conducted an unannounced visit, toured the facility, obtained copies of pertinent documentation,
7	interviewed Licensee Dy and attempted to conduct one (1) resident interview. During today's visit LPA
8	Gutierrez obtained staff roster, resident roster, reviewed six (6) random residents files looked over
9	admission agreements and obtained three (3) documents with an explanation of rent increase. LPA
10	interviewed Administrator and Licensee over the telephone, witnesses #1-witness # 3(W1-W3) over
11	telephone, and attempted interview with witness #4-witness #6 (W4-W6). LPA delivered findings. SEE
12	LIC 9099C
13	

Unsubstantiated	Estimated Days of Completion:
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SUPERVISORS NAME: Tony Vasallo	
LICENSING EVALUATOR NAME: Christian Gutierrez	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/17/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 05/17/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 2
Control Number 18-AS-20240206111549

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: VILLA MONTICELLO ASSISTED LIVING	FACILITY NUMBER: 374603462
	VISIT DATE: 05/17/2026

NARRATIVE	
1	In regard to the allegation" Staff does not provide 60-day notice prior to rent increase.", It is alleged that
2	facility does not provide residents with a 60-day notice of rent increase. During interview with
3	Administrator and Licensee both stated they are the only ones who deal with rent increases and always
4	give a 60-day notice to responsible parties. Administrator stated that all residents do not take care of
5	their own finances. LPA Gutierrez did a random file check on six (6) residents and found three (3) out of
6	the six (6) residents had a rent increase and all had a 60-day written notice in file. LPA contacted six (6)
7	witness and two (2) stated there had been no rent increase since admission, one (1) stated they
8	received a 60-day notice, and three (3) did not answer telephone after multiple attempts.
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12	Although the allegations may have happened or are valid, there is no preponderance of evidence to
13	prove the alleged violations did or did not occur, therefore the allegations are unsubstantiated . An exit
14	interview was conducted with staff, and a copy of this report was provided.
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LICENSING EVALUATOR NAME: Christian Gutierrez	
LICENSING EVALUATOR SIGNATURE:	DATE: 05/17/2026
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