

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374604441

Report Date: 01/13/2022

Date Signed: 01/13/2022 03:14:38 PM

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|--|--|---|----------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108 | |
| FACILITY EVALUATION REPORT | | | |
| FACILITY NAME: MONTE VISTA VILLAGE SENIOR LIVING | | FACILITY NUMBER: | 374604441 |
| ADMINISTRATOR: ZANCA-BROWN, SUSAN | | FACILITY TYPE: | 740 |
| ADDRESS: 2211 MASSACHUSETTS AVENUE | | TELEPHONE: | (619) 465-1331 |
| CITY: LEMON GROVE | STATE: CA | ZIP CODE: | 91945 |
| CAPACITY: 219 | CENSUS: 110 | DATE: | 01/13/2022 |
| TYPE OF VISIT: Prelicensing | UNANNOUNCED | TIME BEGAN: | 01:00 PM |
| MET WITH: Maricor Laus, Resident Services Director | | TIME COMPLETED: | 02:30 PM |
| NARRATIVE | | | |
| 1 | Licensing Program Analyst (LPA) Tiffany Holmes, conducted an announced Pre-Licensing visit to | | |
| 2 | observe the facility's compliance with Title 22, Division 6 regulations and the California health and safety | | |
| 3 | code. LPA met with Maricor Laus, Resident Services Director. | | |
| 4 | | | |
| 5 | During today's visit, LPA observed client rooms and found them to have proper furnishings, and | | |
| 6 | adequate linens. Sinks accessible to clients had water temperatures measured at 115 degrees | | |
| 7 | Fahrenheit. Facility had a working fire extinguisher. Smoke and carbon monoxide alarms were | | |
| 8 | demonstrated to be operational by LPA Holmes. Facility had preparation space for food service and | | |
| 9 | kitchen was observed to have all needed supplies for food service. Space inside the facility is sufficient | | |
| 10 | for activities. Administrator stated that there are no weapons or ammunition on facility property. The | | |
| 11 | body of water was observed on the facility property and was properly secured. Staff and client records | | |
| 12 | will be stored in a locked cabinet in the business managers office. There is a shaded outdoor space and | | |
| 13 | appropriate client activities. All cleaning supplies or potentially hazardous materials will be in a locked | | |
| 14 | cabinet in the laundry area in the basement. Facility has a locked medication cart for client medications | | |
| 15 | in each building and first aid kits in each building, front desk, kitchen and basement. Administrator | | |
| 16 | certificate for Maricor Laus, Resident Services Director expired on 10/30/2021 and is waiting for renewal | | |
| 17 | certificate. Component III was reviewed with Administrator. This report will be sent to Management for | | |
| 18 | final review and approval. | | |
| 19 | | | |
| 20 | An exit interview was conducted with Maricor Laus, Resident Services Director. A copy of this report and | | |
| 21 | Applicant Rights (LIC 9058 01/16) will be provided via email. An electronic read receipt confirms receipt | | |
| 22 | of these documents | | |
| 23 | | | |
| 24 | | | |
| 25 | | | |
| NAME OF LICENSING PROGRAM MANAGER: Simon Jacob | | | |
| NAME OF LICENSING PROGRAM ANALYST: Tiffany Holmes | | | |

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/13/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/13/2022

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