

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 374604441

Report Date: 02/23/2026

Date Signed: 02/24/2026 08:57:55 PM

**Substantiated**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/28/2025** and conducted by Evaluator Sarah Hurt

	<b>COMPLAINT CONTROL NUMBER: 08-AS-20250128115727</b>
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<b>FACILITY NAME:</b> MONTE VISTA VILLAGE SENIOR LIVING	<b>FACILITY NUMBER:</b> 374604441
<b>ADMINISTRATOR:</b> ADRIAN GUILLEN	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 2211 MASSACHUSETTS AVENUE	<b>TELEPHONE:</b> (619) 465-1331
<b>CITY:</b> LEMON GROVE	<b>STATE:</b> CA
<b>CAPACITY:</b> 219	<b>ZIP CODE:</b> 91945
	<b>CENSUS:</b> 111
<b>MET WITH:</b> Administrator, Adrian Guillen	<b>DATE:</b> 02/23/2026
	<b>UNANNOUNCED TIME BEGAN:</b> 10:15 AM
	<b>TIME COMPLETED:</b> 11:00 AM

### ALLEGATION(S):

1	Neglect/Lack of supervision resulting in serious bodily injury
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### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Sarah Hurt conducted an unannounced facility visit to deliver findings
2	on a complaint investigation. LPA Hurt met with Administrator, Adrian Guillen, and explained the purpose
3	of today's visit.
4	
5	Regarding the allegation that neglect and lack of care and supervision resulted in Resident 1 sustaining a
6	fall and serious bodily injury, the investigation revealed sufficient evidence to support the allegation.
7	Between August 2024 and January 2025, Resident 1 experienced approximately nine falls while residing
8	at the facility. The majority of these incidents occurred in his bedroom, typically near his bed or recliner.
9	According to his Physician's Report, Resident 1 was non-ambulatory and required staff assistance for
10	transfers. Resident 1 was identified as a fall-risk resident. Interviews conducted with multiple staff
11	revealed that Resident 1 had a small bed rail installed upon admission; however, the bed rail was
12	insufficient to prevent falls. The resident was not provided with a fall mat, call pendant, or other fall-
13	prevention measures. Facility staff further stated that Resident 1 required two-person assistance for safe
	transfers. Due to ongoing staffing shortages, the facility only accommodated one-person-assist. LPA
	interviewed the facility Resident Services Director, who confirmed that the facility was aware of Resident
	1's increased care needs and had discussed this with Resident 1's daughter on multiple occasions.
	Despite this awareness, no action was taken to relocate the resident to a facility capable of meeting his

needs. On January 27, 2025, Resident 1 ate lunch in his room. At some point, his water spilled on the floor, and he subsequently slipped and fell, landing on his left side. Initially, he did not complain of pain; however, a few hours later, he began to experience significant discomfort.

**Substantiated**

**Estimated Days of Completion:**

**SUPERVISORS NAME:** See Moua

**LICENSING EVALUATOR NAME:** Sarah Hurt

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/22/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/22/2026

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

LIC9099 (FAS) - (06/04)

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**Control Number** 08-AS-20250128115727

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
SAN DIEGO RO, 7575 METROPOLITAN DR. #109  
SAN DIEGO, CA 92108

**COMPLAINT INVESTIGATION REPORT (Cont)**

**FACILITY NAME:** MONTE VISTA VILLAGE SENIOR LIVING

**FACILITY NUMBER:** 374604441

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 02/23/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 02/24/2026 Section Cited CCR 87464(f)(1)	1 (f) Basic services shall at a minimum 2 include:(1) Care and supervision as 3 defined in Section 87101(c)(3) and 4 Health and Safety Code section 5 1569.2(c). The following requirement 6 has not been met as evidenced by: 7	1 The facility administrator will train all 2 direct care staff on:fall prevention 3 strategies, Proper transfer techniques, 4 Monitoring high-risk residents, 5 Documentation of changes in condition, 6 Training to be completed by (date) and 7 documented in staff files and send proof to LPA by POC date of 02/24/2026.
	8 The facility did not provide Resident 1 9 sufficient care and supervision, which 10 lead to falls resulting in fracture/injury, 11 which is an immedaite health, safety, or 12 personal rights risk to residents in care. 13 14	8 9 10 11 12 13 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

**SUPERVISORS NAME:** See Moua

**LICENSING EVALUATOR NAME:** Sarah Hurt

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/22/2026

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  
**COMPLAINT INVESTIGATION REPORT  
(Cont)**

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
SAN DIEGO RO, 7575 METROPOLITAN DR. #109  
SAN DIEGO, CA 92108

FACILITY NAME: MONTE VISTA VILLAGE SENIOR LIVING

FACILITY NUMBER: 374604441

VISIT DATE: 02/23/2026

**NARRATIVE**

1 Staff called 911, and Resident 1 was transported to Sharp Hospital, where medical records confirmed an  
2 acute left femoral neck fracture. LPA interviewed Dr. Randall Baldassarre from Sharp Hospital. Dr.  
3 Baldassarre stated that the term "acute" refers to an injury occurring within a few days, and confirmed  
4 the injury was consistent with a fall. Although other causes could not be ruled out entirely, Dr.  
5 Baldassarre stated that a fall was the most likely cause, especially for an elderly individual. The  
6 investigation revealed that Resident 1's care plan listed him as one-person assist, but staff had  
7 determined after move-in that he required two-person assistance. The facility did not update the care  
8 plan accordingly and failed to take corrective action to ensure Resident 1's needs were met. The facility  
9 also did not terminate residency or relocate the resident to a higher-level-of-care setting, despite  
10 knowing it could not meet his supervision and transfer requirements. Based on interviews, record  
11 review, and corroborating documentation, the preponderance of evidence shows that the facility failed to  
12 provide adequate care and supervision. This failure resulted in a fall causing serious bodily injury.  
13 Therefore, the above allegation is found to be SUBSTANTIATED.

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15  
16 The following deficiencies are being cited (see LIC 9099D) from the California Code of Regulations, Title  
17 22,  
18 and the California Health and Safety Code. This incident is currently under review and a future civil  
19 penalty  
20 may apply based on H&S Code section 1569.49(f). Failure to correct the deficiencies may result in  
21 additional  
22 civil penalties. Exit interview conducted with Administrator Adrian Guillen, and appeal rights  
23 provided.  
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SUPERVISORS NAME: See Moua

LICENSING EVALUATOR NAME: Sarah Hurt

LICENSING EVALUATOR SIGNATURE:

DATE: 02/23/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/23/2026