

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374604441
Report Date: 07/23/2026
Date Signed: 07/23/2026 03:11:48 PM

Unfounded

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 07/21/2026 and conducted by Evaluator Angelica Boyles

	COMPLAINT CONTROL NUMBER: 08-AS-20260721081639
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FACILITY NAME:	MONTE VISTA VILLAGE SENIOR LIVING	FACILITY NUMBER:	374604441
ADMINISTRATOR:	ADRIAN GUILLEN	FACILITY TYPE:	740
ADDRESS:	2211 MASSACHUSETTS AVENUE	TELEPHONE:	(619) 465-1331
CITY:	LEMON GROVE	STATE:	CA
CAPACITY:	219	ZIP CODE:	91945
		CENSUS:	116
		DATE:	07/23/2026
		UNANNOUNCED TIME BEGAN:	08:29 AM
MET WITH:	Executive Director Adrian Guillen	TIME COMPLETED:	03:13 PM

ALLEGATION(S):

1	Facility staff issued an illegal eviction to resident in care
2	Staff do not prevent residents from engaging in verbal altercations with other resident
3	Staff did not prevent resident from engaging in a physical altercation with other resident
4	Staff did not ensure residents personal property was kept safely secured
5	Staff did not prevent resident from exposure to toxic fumes in the facility
6	Staff does not ensure carbon monoxide detectors are in good repair
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Angelica Boyles conducted an unannounced visit to the facility to
2	initiate and deliver investigative findings regarding the above mentioned allegations. LPA identified
3	herself, explained the purpose of the visit and nature of the complaint to Executive Director Adrian
4	Guillen.
5	
6	On July 21, 2026 the Department received this complaint which alleged that facility staff issued an illegal
7	eviction to Resident #1 (R1), staff do not prevent residents from engaging in verbal altercations with R1,
8	staff did not prevent resident from engaging in a physical altercation with R1, staff did not ensure R1's
9	personal property was kept safely secured, staff did not prevent R1 from exposure to toxic fumes in the
10	facility, and staff does not ensure carbon monoxide detectors are in good repair. [See LIC811 Confidential
11	Name List for a description of select person identifiers used in this report.]
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13	(Continued on LIC9099-C)

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Simon Jacob

LICENSING EVALUATOR NAME: Angelica Boyles	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/23/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/23/2026

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 08-AS-20260721081639

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: MONTE VISTA VILLAGE SENIOR LIVING	FACILITY NUMBER: 374604441
	VISIT DATE: 07/23/2026

NARRATIVE	
1	(Continued from LIC9099)
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3	The Department's investigation included a facility tour, record reviews, as well as interviews with
4	residents and staff.
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8	Records reviewed and interviews with residents and staff revealed that R1 resides in the Independent
9	Living portion of the property and the alleged incidents involve Independent Living residents and
10	property. The facility's property includes an Independent Living and an Assisted Living section, but
11	Independent Living is not state licensed and therefore not under the jurisdiction of Community Care
12	Licensing.
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14	Additionally, during a facility walk through LPA did not observe any health or safety concerns. LPA
15	observed carbon monoxide detectors in good repair. Further records reviewed revealed there was no
16	incident of toxic fumes. LPA interviews with residents from both Independent Living and Assisted Living
17	did not raise any licensing concerns.
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20	Based on records reviewed, a facility walk through, and interviews with staff and residents, the above
21	allegations are determined to be unfounded. An exit interview was conducted with Executive Director
22	Adrian Guillen, to whom a copy of this report and the Licensee's Rights (LIC9058 01/16) were provided
23	at the conclusion of the visit.
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SUPERVISORS NAME: Simon Jacob	
LICENSING EVALUATOR NAME: Angelica Boyles	
LICENSING EVALUATOR SIGNATURE:	DATE: 07/23/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/23/2026