

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 331880550

Report Date: 02/17/2026

Date Signed: 02/17/2026 01:38:39 PM

### Unsubstantiated

|  |   |
|--|---|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27<br>RIVERSIDE, CA 92507 |
| <b>COMPLAINT INVESTIGATION REPORT</b>                  |   |

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/12/2026** and conducted by Evaluator Seo Jeon

|               |   |
|---------------|---|
| <b>PUBLIC</b> | <b>COMPLAINT CONTROL NUMBER: 18-AS-20260212164222</b> |
|---------------|---|

|   |   |
|---|---|
| <b>FACILITY NAME:</b> COTTAGES AT PALM SPRINGS  | <b>FACILITY NUMBER:</b> 331880550       |
| <b>ADMINISTRATOR:</b> EDDY, TAMMY               | <b>FACILITY TYPE:</b> 740               |
| <b>ADDRESS:</b> 1780 E BARISTO RD               | <b>TELEPHONE:</b> (760) 322-3444        |
| <b>CITY:</b> PALM SPRINGS                       | <b>ZIP CODE:</b> 92262                  |
| <b>CAPACITY:</b> 95                             | <b>DATE:</b> 02/17/2026                 |
| <b>MET WITH:</b> Tammy Eddy, Executive Director | <b>UNANNOUNCED TIME BEGAN:</b> 09:40 AM |
|   | <b>TIME COMPLETED:</b> 02:00 PM         |

### ALLEGATION(S):

|   |  |
|---|--|
| 1 | Staff had a physical altercation with a resident in care |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |
| 9 |  |

### INVESTIGATION FINDINGS:

|    |  |
|----|--|
| 1  | Licensing Program Analyst (LPA) Seo Jeon conducted an unannounced visit to the facility to initiate the investigation into the allegation listed above. The LPA met with Tammy Eddy, Executive Director, and informed them of the purpose of the LPA's visit.    |
| 2  |  |
| 3  |  |
| 4  |  |
| 5  | On 02-12-2026, Community Care Licensing (The Department) received a complaint report with the following allegation.  |
| 6  |  |
| 7  |  |
| 8  | It was alleged that staff had a physical altercation with a resident in care. Information received indicated that Resident #1 (R1) displayed aggressive behavior toward Staff #1 (S1) and Staff #2 (S2) and rammed into S2. The incident occurred on 02-04-2026. |
| 9  |  |
| 10 |  |
| 11 |  |
| 12 | Continued on LIC9099-C....   |
| 13 |  |

|                        |                                      |
|------------------------|--------------------------------------|
| <b>Unsubstantiated</b> | <b>Estimated Days of Completion:</b> |
|------------------------|--------------------------------------|

**SUPERVISORS NAME:** Rikeshia Stamps  
**LICENSING EVALUATOR NAME:** Seo Jeon  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/17/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/17/2026

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-20260212164222

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 (Cont)

**FACILITY NAME:** COTTAGES AT PALM SPRINGS

**FACILITY NUMBER:** 331880550

**VISIT DATE:** 02/17/2026

### NARRATIVE

1 LPA attempted to conduct an interview with R1, but the interview was unsuccessful as R1 declined to  
2 answer any of LPA's questions. LPA conducted interviews with four (4) other residents, none of whom  
3 were aware of any physical altercation in the facility. LPA conducted an interview with S1 who confirmed  
4 the information that R1 had a behavior episode, and R1 rammed into S2 on 02-04-2026. LPA conducted  
5 interviews with five (5) additional staff members, all of whom stated that they have witnessed R1's  
6 aggressive behavior toward staff members in the past. LPA's review of R1's records confirmed the  
7 statements from the staff members interviewed.  
8

9 Based on records review and interviews conducted, the Department's investigation did not find enough  
10 information to corroborate the allegation that staff had a physical altercation with a resident in care. This  
11 allegation is unsubstantiated.  
12

13 A finding that the complaint is UNSUBSTANTIATED means the allegation may have happened or is  
14 valid, but there is not a preponderance of the evidence to prove that the alleged violation occurred.  
15

16 An exit interview was conducted where a copy of this report was provided.  
17

18 \*\*LPA left the facility at 11:30 AM and returned at 12:30 PM.  
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21  
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28  
29  
30  
31  
32

**SUPERVISORS NAME:** Rikeshia Stamps  
**LICENSING EVALUATOR NAME:** Seo Jeon  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 02/17/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 02/17/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 2