

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331880734

Report Date: 11/04/2020

Date Signed: 11/04/2020 12:22:40 PM

Document Has Been Signed on 11/04/2020 12:22 PM - **It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME:	GLADWELL RANCHO MIRAGE	FACILITY NUMBER:	331880734
ADMINISTRATOR:	MARIGER, VICKI	FACILITY TYPE:	740
ADDRESS:	34560 BOB HOPE DRIVE	TELEPHONE:	(760) 770-7737
CITY:	RANCHO MIRAGE	STATE: CA	ZIP CODE: 92270
CAPACITY:	142	CENSUS:	DATE: 11/04/2020
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED TIME BEGAN:	12:18 PM
MET WITH:	Juliet Ugalde - Community Business Manager	TIME COMPLETED:	12:19 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Kathleen Wiggins contacted the facility via telephone to commence a
2	case management visit via telephone due to COVID-19. LPA identified herself and discussed the
3	purpose of the call with Community Business Manager - Juliet Ugalde.
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5	Based on evidence obtained during today's visit, the LPA has verified that the individual is not present,
6	employed, or residing at the facility. The individual named in the Confirmation of Removal letter dated
7	9/21/2020 is Karen Banderas.
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9	LPA was informed by the Community Business Manager that Banderas applied to work at the facility
10	and was pending background check clearance. The administrator stated she understood that during this
11	process Banderas cannot work, reside, or be present at a licensed facility.
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13	No deficiencies were cited during this visit. An exit interview was conducted with the administrator via
14	telephone and copies of this report and Non-Exemptible conviction letter were provided to the
15	Community Business Manager via email. Report with facility representative signature was obtained.
16	Verification of removal is complete.
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NAME OF LICENSING PROGRAM MANAGER: Leslie Mendiveles

NAME OF LICENSING PROGRAM ANALYST: Kathleen Wiggins

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 11/04/2020

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 11/04/2020

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