

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 331880734
Report Date: 06/25/2026
Date Signed: 06/25/2026 01:08:15 PM

Unfounded

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	

This is an official report of an unannounced visit/investigation of a complaint received in our office on 06/18/2026 and conducted by Evaluator Ahliah Sharp

	COMPLAINT CONTROL NUMBER: 18-AS-20260618151741
FACILITY NAME: ATRIA RANCHO MIRAGE	FACILITY NUMBER: 331880734
ADMINISTRATOR: NATHAN W BOESE	FACILITY TYPE: 740
ADDRESS: 34560 BOB HOPE DRIVE	TELEPHONE: (760) 770-7737
CITY: RANCHO MIRAGE	ZIP CODE: 92270
CAPACITY: 142	DATE: 06/25/2026
	UNANNOUNCED TIME BEGAN: 10:00 AM
MET WITH: Nathan Boese, Executive Director	TIME COMPLETED: 01:15 PM

ALLEGATION(S):

1	Staff did not prevent the facility from being in disrepair.
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INVESTIGATION FINDINGS:

1	On 6/25/26, Licensing Program Analyst (LPA), Ahliah Sharp arrived unannounced to investigate the
2	above listed allegation. LPAs met with Executive Director (ED), Nathan Boese, and explained the
3	purpose of the visit
4	LPAs toured the facility with ED. During the visit LPA conducted observations, interviews, and record
5	reviews. LPA toured the facility and observed four (4) thermostats in common areas, each were under the
6	permissible temperature per Title 22, at 73 and 78 degrees F, the highest being the one closest to the
7	outside doorway. LPA interviewed ED, five (5) staff and three (3) residents to see if they were aware of
8	the air conditioning unit being broken anytime recently, all agreed that there have been no issues with the
9	air, despite the high temperatures this area reaches.
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11	There were no observable health and safety concerns observed at the time of this visit.
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13	...Continued on LIC 9099C

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Jazmond D Harris	
LICENSING EVALUATOR NAME: Ahliah Sharp	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/25/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/25/2026

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-20260618151741

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COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: ATRIA RANCHO MIRAGE	FACILITY NUMBER: 331880734
	VISIT DATE: 06/25/2026

NARRATIVE	
1	Continued from LIC9099...
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3	On June 18, 2026, Community Care Licensing received a complaint alleging staff did not prevent the
4	facility from being in disrepair, specifically that it was too hot in the dining area and the air conditioning
5	units were broken. It was reported that staff were observed sweating at times and residents complained
6	about it being too hot. LPA attempted to speak with the Reporting Party (RP) but was unsuccessful. LPA
7	observed the client roster and no client matched the identity of Resident #1, R1 reportedly does not
8	reside at this facility. Additionally, LPA conducted staff interviews and no staff, including ED, was aware
9	of anyone matching the name of R1.
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11	Based on interviews with staff, residents, observations and record review, the allegation of staff
12	preventing facility from being in disrepair is deemed unfounded . Information obtained during the
13	investigation has proved that R1 is not associated with the facility, and there is no evidence of the air
14	conditioning units being broken or in disrepair. A finding that the complaint is unfounded means that the
15	allegation is false, could not have happened, and/or is without a reasonable basis.
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17	An exit interview was conducted, and a copy of this report was explained and given to the ED, Nathan
18	Boese.
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SUPERVISORS NAME: Jazmond D Harris	
LICENSING EVALUATOR NAME: Ahliah Sharp	
LICENSING EVALUATOR SIGNATURE:	DATE: 06/25/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 06/25/2026