

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 331881086
Report Date: 03/18/2026
Date Signed: 03/18/2026 03:46:17 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 **03/11/2026** and conducted by Evaluator Armando Perez

	COMPLAINT CONTROL NUMBER: 18-AS-20260311114143
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FACILITY NAME: BAYSHIRE RANCHO MIRAGE	FACILITY NUMBER: 331881086
ADMINISTRATOR: KIRBY, SCOTT	FACILITY TYPE: 741
ADDRESS: 72201 COUNTRY CLUB DRIVE	TELEPHONE: (760) 340-5999
CITY: RANCHO MIRAGE	ZIP CODE: 92270
CAPACITY: 135	DATE: 03/18/2026
STATE: CA	UNANNOUNCED TIME BEGAN: 02:00 PM
CENSUS: 113	TIME COMPLETED: 04:00 PM
MET WITH: Executive Director Jimmy Stewart	

ALLEGATION(S):

1	Staff left resident unattended at an off-site location
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INVESTIGATION FINDINGS:

1	Licensing Program Analysts (LPAs), Armando Perez and Ivashia Wright, conducted an unannounced visit to deliver findings for a complaint investigation regarding the above allegation. LPA Perez met with
2	Executive Director Jimmy Stewart, and explained both the purpose of the visit and the details of the
3	allegation.
4	
5	
6	On March 11, 2026, the Community Care Licensing Division (CCLD) received a complaint alleging that
7	facility staff left a resident unattended at an off-site location. It was reported that on March 11, Resident 1
8	(R1) arrived at what they believed was a scheduled medical appointment and was left without
9	confirmation or supervision by facility staff.
10	
11	An interview with the Additional Witness could not be conducted, as the report was submitted
12	anonymously and no contact information was provided to obtain further information.
13	Continued on LIC 9099-C.

Unfounded	Estimated Days of Completion:
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SUPERVISORS NAME: Jazmond D Harris
LICENSING EVALUATOR NAME: Armando Perez
LICENSING EVALUATOR SIGNATURE:

DATE: 03/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/18/2026

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 18-AS-20260311114143

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: BAYSHIRE RANCHO MIRAGE

FACILITY NUMBER: 331881086

VISIT DATE: 03/18/2026

NARRATIVE

1 Interview with Executive Director (ED) revealed the facility operates a transportation service daily on
2 weekdays from 8:00 A.M. to 4:00 P.M. The ED explained that residents submit transportation requests
3 through the concierge, and staff verify the address provided; however, staff do not question the purpose
4 of the trip. ED confirmed they were informed of the incident with R1 and noted R1 independently
5 scheduled the appointment which was not directed by staff.
6

7 Interview with R1 corroborated the ED's statements. R1 reported that they independently searched for a
8 dentist online and misunderstood the services being provided at the destination they requested. R1 also
9 stated that the driver was contacted immediately after the error was realized and returned within
10 approximately two to three minutes of drop-off. Interview with Staff 2 (S2) indicated that they dropped off
11 R1 and waited until they visually confirmed R1 entered the building. S2 reported they had only just
12 begun to drive away and were still in the parking lot when they received the call to return. S2 stated they
13 acknowledged the request and returned R1 safely back to the facility.
14

15 A review of the transportation log confirmed that R1 independently requested off-site transport on March
16 11, including the date, time, and address. A review of medical documents, including the needs and
17 services plan, noted that R1 is able to transfer safely with or without assistance. Additionally, the medical
18 assessment indicates that R1 is permitted to leave the facility unsupervised. A review of the Admissions
19 Record, R1 lists self as responsible party and is able to make their own decisions independently.
20

21 Based on interviews, research, and record review, the allegations staff left resident unattended at an off-
22 site location is unfounded. A finding that the allegation is unfounded meaning that the allegation was
23 false, could not have happened, and/or is without a reasonable basis. Therefore, this complaint is
24 dismissed.
25

26 An exit interview was conducted. A copy of this report was provided to Executive Director Jimmy
27 Stewart.
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SUPERVISORS NAME: Jazmond D Harris
LICENSING EVALUATOR NAME: Armando Perez
LICENSING EVALUATOR SIGNATURE:

DATE: 03/18/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/18/2026

LIC9099 (FAS) - (06/04)

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