

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 331881372  
Report Date: 10/18/2024  
Date Signed: 10/18/2024 03:29:02 PM

**Document Has Been Signed on 10/18/2024 03:29 PM - It Cannot Be Edited**

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: SEGOVIA OF PALM DESERT	FACILITY NUMBER: 331881372
ADMINISTRATOR/SALVADOR JIMENEZ	FACILITY TYPE: 741
DIRECTOR:	
ADDRESS: 39905 VIA SCENA	TELEPHONE: (760) 674-3200
CITY: PALM DESERT	STATE: CA
CAPACITY: 182	ZIP CODE: 92260
TYPE OF VISIT: Case Management - Other	CENSUS: 154
	DATE: 10/18/2024
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 02:40 PM
MET WITH: Alishia Perez, asst. exe. director	TIME VISIT/INSPECTION
	COMPLETED: 03:40 PM

NARRATIVE	
1	Licensing Program Analysts (LPA) Seo Jeon and Ferrer Sabarias made an unannounced visit to the
2	facility to conduct a Case Management visit regarding an incident that took place on 7-14-2024. LPA
3	spoke with Alishia Perez, Assistant Executive Director and obtained the information. LPA found no
4	health and safety issues at this time.
5	
6	There are no deficiencies being cited, per California Health & Safety Code and Code of Regulations,
7	Title 22.
8	An exit interview was conducted, a copy of this report was provided to the Assistant Executive Director,
9	Alishia Perez.
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**NAME OF LICENSING PROGRAM MANAGER:** Rikeshia Stamps

**NAME OF LICENSING PROGRAM ANALYST:** Seo Jeon

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 10/18/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 10/18/2024

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