

Department of

# SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

Facility Number: 331881372

Report Date: 01/15/2026

Date Signed: 01/15/2026 03:45:06 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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/16/2025** and conducted by Evaluator Armando Perez

	<b>COMPLAINT CONTROL NUMBER: 18-AS-20251216123256</b>
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<b>FACILITY NAME:</b> SEGOVIA OF PALM DESERT	<b>FACILITY NUMBER:</b> 331881372
<b>ADMINISTRATOR:</b> SALVADOR JIMENEZ	<b>FACILITY TYPE:</b> 741
<b>ADDRESS:</b> 39905 VIA SCENA	<b>TELEPHONE:</b> (760) 674-3200
<b>CITY:</b> PALM DESERT	<b>ZIP CODE:</b> 92260
<b>CAPACITY:</b> 182	<b>DATE:</b> 01/15/2026
<b>MET WITH:</b> Executive Director Salvador Jimenez	<b>UNANNOUNCED TIME BEGAN:</b> 03:30 PM
	<b>TIME COMPLETED:</b> 04:00 PM

### ALLEGATION(S):

1	Staff are not ensuring resident is assisted with phone calls to family members
2	Staff are blocking family members calls to resident
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4	
5	
6	
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8	
9	

### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA), Armando Perez and Seo Jeon, conducted an unannounced visit to
2	deliver findings for a complaint investigation regarding the above allegations. LPA Perez met with
3	Executive Director Salvador Jimenez, where LPA explained the purpose of the visit and the elements of
4	the allegation. The investigation consisted of interviews with staff, witnesses and record reviews.
5	
6	On December 19, 2025, Community Care Licensing Division (CCLD), received a complaint alleging
7	facility staff are not ensuring resident is assisted with phone calls to family members and staff are
8	blocking family members calls to resident.
9	
10	Regarding the allegation that facility staff were not ensuring the resident received assistance with phone
11	calls to family members, it was reported that staff failed to protect the resident's right to communicate
12	with family.
13	Continued on LIC 9099-C.

<b>Unfounded</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Jazmond D Harris  
**LICENSING EVALUATOR NAME:** Armando Perez  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/15/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/15/2026

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-20251216123256

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:** SEGOVIA OF PALM DESERT

**FACILITY NUMBER:** 331881372

**VISIT DATE:** 01/15/2026

### NARRATIVE

- 1 Interview with Executive Director Salvador Jimenez (ED) reported staff do not manage or interfere with
- 2 residents' personal cellular phones unless residents request assistance. Interview with 3 of 3 staff
- 3 corroborated ED statement reporting that residents can request assistance with their cell phone such as
- 4 making phone calls or Wi-Fi connectivity issues. Information obtained from an interview with R1 stated
- 5 they have requested staff assistance with their cell phone and reported receiving assistance. It was
- 6 stated that R1 did not have any concerns with staff not assisting residents when making calls. Interview
- 7 with additional residents corroborated receiving staff assistance with telephone calls when requested.
- 8 Interview with Additional Witness 1 (AW1) stated that Resident 1 (R1) routinely required staff assistance
- 9 to operate their personal cell phone. A review of facility records, including an incident search covering
- 10 the past two years, found no documented incidents related to the allegation.
- 11
- 12 Regarding the allegation staff are blocking family members' calls to resident, it was alleged that staff
- 13 was blocking their phone contact on R1's cell phone. Information obtained from AW1 emphasized that
- 14 they were never prevented from contacting the facility directly and that the issue pertained solely to R1's
- 15 personal cell phone. AW1 further speculated that the number was blocked by a family member rather
- 16 than by facility staff. Interview with ED stated they had not instructed staff to block any numbers on
- 17 residents' cell phones. ED also stated that they are not aware of any incidents involving the prevention
- 18 of phone calls from family members to residents. Interview with 3 of 3 staff corroborated ED statements
- 19 confirming they had not been directed to restrict phone calls to residents in care. Interview with R1
- 20 reported staff do not have access to their personal cell phone and did not block any family member from
- 21 calling their personal cell phone. Interview with additional residents indicated that they had not
- 22 encountered nor been made aware of any family members being blocked from contacting residents at
- 23 the facility. A review of facility records, including an incident search covering the past two years, found
- 24 no documented incidents related to the allegation.
- 25
- 26 Based on interviews, research, and record review, the allegations that facility staff are not ensuring
- 27 resident is assisted with phone calls to family members and staff are blocking family members calls to
- 28 resident is unfounded. A finding that the allegation is unfounded meaning that the allegation was false,
- 29 could not have happened, and/or is without a reasonable basis. Therefore, this complaint is dismissed.
- 30
- 31 An exit interview was conducted. A copy of this report was provided to Executive Director Salvador
- 32 Jimenez.

**SUPERVISORS NAME:** Jazmond D Harris  
**LICENSING EVALUATOR NAME:** Armando Perez  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 01/15/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/15/2026

LIC9099 (FAS) - (06/04)

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