

# Department of SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 331881459

**Report Date:** 07/31/2025

**Date Signed:** 07/31/2025 11:15:20 AM

**Document Has Been Signed on** 07/31/2025 11:15 AM - **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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	CARLOTTA, THE	FACILITY NUMBER:	331881459
ADMINISTRATOR/JOHN BRENNAN DIRECTOR:		FACILITY TYPE:	741
ADDRESS:	41-505 CARLOTTA DRIVE	TELEPHONE:	(760) 346-5420
CITY:	PALM DESERT	STATE: CA	ZIP CODE: 92211
CAPACITY:	250	CENSUS: 190	DATE: 07/31/2025
TYPE OF VISIT:	Collateral	UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 10:18 AM
MET WITH:	LICENSEE, JOHN BRENNAN	TIME VISIT/INSPECTION	COMPLETED: 11:20 AM

### NARRATIVE

1 On July 31, 2025, Licensing Program Analyst (LPA), Venus Mixson arrived at the facility to conduct an  
2 unannounced collateral visit, and met with Licensee, John Brennan. LPA introduced herself and stated  
3 the purpose of the visit. The collateral visit was conducted to conduct observations, interviews and  
4 records reviews pertaining to another matter.  
5  
6 LPA Mixson toured the facility, made observation, and requested pertinent documentation. There were  
7 no health and safety concerns or issues observed during the time of this visit. The facility was clean and  
8 well maintained and there were no obstructions to the inside or outside passageways.  
9  
10 LPA requested and received staff roster, resident roster, and a copy of the current pest control  
11 procedures. LPA was unable to locate and interview staff or resident at the facility from the time of the  
12 complaint.  
13  
14 No further information was obtained  
15  
16 An exit interview was conducted, and a copy of this report was provided to John Brennan, Licensee  
17  
18  
19  
20  
21  
22  
23  
24  
25

**NAME OF LICENSING PROGRAM MANAGER:** Jazmond D Harris

**NAME OF LICENSING PROGRAM ANALYST:** Venus Mixson

**LICENSING PROGRAM ANALYST SIGNATURE:**


DATE: 07/31/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**


DATE: 07/31/2025

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

**FACILITY EVALUATION REPORT** California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

**DEFICIENCIES** A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

**PLANS OF CORRECTION (POCs)** The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

**CORRECTION NOTIFICATION** The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

**CIVIL PENALTIES** The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

**PENALTY NOTICE GIVEN** The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

**APPEAL RIGHTS** The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

**AGENCY REVIEW** The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

**EMAIL REQUIREMENT** Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.