

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331881680
Report Date: 05/21/2026
Date Signed: 05/21/2026 02:08:31 PM

Document Has Been Signed on 05/21/2026 02:08 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	
FACILITY EVALUATION REPORT			
FACILITY NAME: DESERT COVE ASSISTED LIVING		FACILITY NUMBER:	331881680
ADMINISTRATOR/SCOTT, HEATHER		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(760) 671-7820
ADDRESS:	13660 MOUNTAIN VIEW ROAD	ZIP CODE:	92240
CITY:	DESERT HOT SPRINGS	STATE: CA	
CAPACITY: 56		CENSUS: 40	
TYPE OF VISIT:	Required - 1 Year	DATE:	05/21/2026
		UNANNOUNCED TIME VISIT/INSPECTION	10:50 AM
		BEGAN:	
MET WITH:	Administrator Heather Scott	TIME VISIT/INSPECTION	02:50 PM
		COMPLETED:	
NARRATIVE			
1	On 5/21/2026, Licensing Program Analyst (LPA) Valerie Flores conducted an unannounced 1-year		
2	required visit. LPA Flores met with Administrator Heather Scott and explained the purpose of the visit. A		
3	tour of the interior and exterior areas were conducted alongside the Administrator where the following		
4	was observed:		
5			
6	The facility is a single-story structure with apartment style resident units. The facility houses (40) forty		
7	residents to which (5) five randomly selected resident units were toured. Resident units were observed		
8	to be equipped with private bathrooms, bedding, furniture, and functional lighting. Private bathrooms		
9	were equipped with slip resistant material and grab bars in the shower areas along with grab bars near		
10	the toilet area. Resident bathroom floors were observed to have dried up dirt. During the visit, LPA		
11	confirmed resident bathroom floors were cleaned. Water temperature measure within the required limits.		
12	All indoor and outdoor passageways were observed to be free of obstruction. Outdoor areas have		
13	sufficient room for activities LPA observe shaded areas that were furnished. A washing machine and		
14	dryer were available and in working order. LPA observed a sufficient supply of linen and towels for		
15	resident use. LPA observed a posted activities calendar near the main office. Books and other activities		
16	were observed to be stored in the dining room. Utensils and dishware are sufficient for the requested		
17	capacity. Knives and other sharp items were stored in the kitchen area, available only to authorized		
18	individuals. Fire Safety Inspection Report was conducted by the Riverside County Fire Department on		
19	4/29/2026. Fire extinguishers were observed to be fully charged and were last serviced on 4/21/2026.		
20	Per Administrator there are no firearms and/or ammunition on the premises.		
21			
22	(Continue to LIC809C...)		
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Anthony Perez			
NAME OF LICENSING PROGRAM ANALYST: Valerie Flores			

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 05/21/2026

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

DATE: 05/21/2026

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

LIC809 (FAS) - (06/04)

California Health & Human Services Agency

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California Department of Social Services

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.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: DESERT COVE ASSISTED LIVING	FACILITY NUMBER: 331881680
	VISIT DATE: 05/21/2026

NARRATIVE	
1	(Continuation from LIC809)
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3	(5) Five resident records were review. Records reviewed included but not limited to identification and
4	emergency information, admission agreement, medical assessment, needs and service plans,
5	placement, and functional assessment. (4) Four staff records were review. Records review included but
6	not limited to valid first-aid/CPR certification, criminal record clearance or an exemption, health
7	screening and TB test results, employee rights, and training verification.
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9	An exit interview was conducted and a copy of this report was provided to the Administrator.
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NAME OF LICENSING PROGRAM MANAGER: Anthony Perez
NAME OF LICENSING PROGRAM ANALYST: Valerie Flores
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 05/21/2026

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/21/2026