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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336400075
Report Date: 09/25/2025
Date Signed: 09/25/2025 01:11:48 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507

FACILITY NAME:	ATRIA HACIENDA			FACILITY NUMBER:	336400075
ADMINISTRATOR/ DIRECTOR:	ROBERT STANSBURY			FACILITY TYPE:	740
ADDRESS:	44600 MONTEREY AVE			TELEPHONE:	(760) 341-0890
CITY:	PALM DESERT	STATE: CA		ZIP CODE:	92260
CAPACITY: 266		CENSUS: 89		DATE:	09/25/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED		TIME VISIT/ INSPECTION BEGAN:	09:55 AM
MET WITH:	Nathan Boese, Assistant Executive Director			TIME VISIT/ INSPECTION COMPLETED:	01:30 PM

NARRATIVE

On 09/25/25 Licensing Program Analyst (LPA) Javina George made an unannounced 1 year required visit. LPA met with Nathan Boese, Assistant Executive Director and informed of the purpose of the visit. The facility is licensed to serve. The facility has an approved hospice waiver for (16) residents with (9) currently receiving services. There are (61) residents receiving home health services and (3) residents that are self administering oxygen. A file review was conducted prior to making today's visit. The facility annual fees have been paid, and the governing body was observed to be in good standing. Below are the observations made during today's visit.

The facility was observed to be clean and the passageways being free of any obstructions. The facility was observed to have the required postings. The fire extinguishers were fully charged and last serviced on 03/12/25. The emergency disaster drills are being conducted on a monthly basis, with the last drill being conducted on 09/19/25. The smoke and carbon monoxide detectors were observed to be operable and were being serviced during LPAs visit. The pull cords were randomly tested and found to be operable. The pool was observed to be secured. There are no known guns or ammunition on the premises. The hot water tested and found to be within regulatory limits. The medications and medication carts were locked inside the medication room. The facility is using and electronic MAR system. The sharps and chemicals were observed to be locked and inaccessible to residents in care.

A file review of both staff and resident files were conducted. All staff interviewed and files reviewed were observed to have obtained criminal record clearance and to be associated to the facility. The Resident Medical Assistant staff were observed to possess valid CPR certification. The administrator Monique Moreira was observed to have valid certification that expires on 02/19/26.

NAME OF LICENSING PROGRAM MANAGER: Carolyn Tuba

NAME OF LICENSING PROGRAM ANALYST: Javina George **LICENSING PROGRAM ANALYST SIGNATURE:**	
	**DATE:** 09/25/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	**DATE:** 09/25/2025

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.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507

FACILITY NAME: ATRIA HACIENDA **FACILITY NUMBER:** 336400075

VISIT DATE: 09/25/2025

NARRATIVE

The resident files reviewed and are indicated on the LIC-811, confidential names list revealed that one (1) of the residents residing in memory care had not received an annual medical assessment. However the request was submitted on more than one occasion with the last time being on 07/19/25. All other documentation such as admissions agreements and appraisals were present. Additionally LPA verified contact information on file, and will update accordingly. A copy of the facility's liability insurance was obtained for the facility file at the regional office.

Based on today's inspection the facility was inspected in accordance with the California Code of Regulations (Title 22, Division 6, Chapter 8). No citations were issued

An exit interview was conducted where a copy of this report, 809C, appeal rights were reviewed and provided to Nathan Boese, Assistant Executive Director.

NAME OF LICENSING PROGRAM MANAGER: Carolyn Tuba
NAME OF LICENSING PROGRAM ANALYST: Javina George
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 09/25/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 09/25/2025