

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 336400954  
Report Date: 04/17/2025  
Date Signed: 04/17/2025 10:24:00 AM

**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 **07/07/2023** and conducted by Evaluator Eldin Serrano

	<b>COMPLAINT CONTROL NUMBER: 18-AS-20230707075212</b>
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<b>FACILITY NAME:</b> ATRIA PALM DESERT	<b>FACILITY NUMBER:</b> 336400954
<b>ADMINISTRATOR:</b> FLORES, DENISE	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 44300 SAN PASCUAL AVE	<b>TELEPHONE:</b> (760) 773-3772
<b>CITY:</b> PALM DESERT	<b>STATE:</b> CA <b>ZIP CODE:</b> 92260
<b>CAPACITY:</b> 154	<b>CENSUS:</b> 68 <b>DATE:</b> 04/17/2025
<b>MET WITH:</b> Cheree Escandel, Executive Director	<b>UNANNOUNCED TIME BEGAN:</b> 09:45 AM
	<b>TIME COMPLETED:</b> 11:15 AM

**ALLEGATION(S):**

1	Wrongful 30-day eviction
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**INVESTIGATION FINDINGS:**

1	On 4/17/2025 at 9:45 AM, Licensing Program Analysts (LPA) Eldin Serrano conducted an unannounced
2	visit to deliver the findings on the mentioned allegation. LPA met with Executive Director Cheree
3	Escandel and discussed the purpose of the visit.
4	
5	The investigation consisted of file review and interviews with relevant parties. The allegation indicates
6	that Resident #1 (R1) is being wrongfully evicted from the facility. The Department was notified on
7	7/3/2023 that R1 was served a 30-day notice on June 28, 2023. The Department staff reviewed the
8	eviction notice and observed that the licensee followed the eviction procedures per Title 22 regulations.
9	LPA observed that the facility notified R1 and their responsible party of the eviction notice. The eviction
10	notice had the required elements which includes the effective date of the eviction and resources to find
11	alternative housing and care. Department staff also observed that the facility notified CCLD and sent a
12	written copy of the eviction notice within five (5) days.
13	

**Unfounded**

**Estimated Days of Completion:**

**NAME OF LICENSING PROGRAM MANAGER:** Karen Clemons

**NAME OF LICENSING PROGRAM ANALYST:** Eldin Serrano

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 04/17/2025

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 04/17/2025

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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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:** ATRIA PALM DESERT

**FACILITY NUMBER:** 336400954

**VISIT DATE:** 04/17/2025

### NARRATIVE

- 1 This agency has investigated the complaint allegation and found that the complaint was unfounded
- 2 meaning that the allegation was false, could not have happened and/or is without a reasonable basis.
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- 4 No deficiencies were cited during this visit. An exit interview was conducted where this report was
- 5 discussed and provided to Executive Director Cheree Escandel.
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**NAME OF LICENSING PROGRAM MANAGER:** Karen Clemons

**NAME OF LICENSING PROGRAM ANALYST:** Eldin Serrano

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 04/17/2025

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 04/17/2025