

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336400954

Report Date: 02/05/2026

Date Signed: 02/05/2026 03:10:41 PM

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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: ATRIA PALM DESERT	FACILITY NUMBER: 336400954
ADMINISTRATOR/FLORES, DENISE	FACILITY TYPE: 740
DIRECTOR:	TELEPHONE: (760) 773-3772
ADDRESS: 44300 SAN PASCUAL AVE	ZIP CODE: 92260
CITY: PALM DESERT	STATE: CA
CAPACITY: 154	CENSUS: 67
TYPE OF VISIT: Required - 1 Year	DATE: 02/05/2026
	UNANNOUNCED TIME VISIT/INSPECTION: 09:50 AM
	BEGAN: TIME VISIT/INSPECTION: 03:25 PM
MET WITH: Cheree Escandel, Executive Director	COMPLETED:

NARRATIVE

1 On 02/05/26 Licensing Program Analyst (LPA) Toni Nwala and Seo Jeon arrived unannounced to
2 conduct an annual inspection. Upon arrival LPA was greeted by Executive Director Cheree Escandel
3 who was informed of the purpose of the visit. During the annual visit, LPA was informed that 67 clients
4 live at this facility. There are 38 staff members that work at the facility. The Executive Director, Cheree
5 Escandel conducted and completed the facility tour.
6
7 LPA toured the facility inside and outside. LPA observed the facility to be clean and furniture in the
8 facility was in good repair. The facility is maintained at 75 degrees for the client's comfort. Lighting is
9 sufficient for safety. The facility has two (2) Laundry rooms. There is a locked cabinet for storing laundry
10 soap and other chemicals. All outdoor and indoor passageways are free of obstruction. Emergency
11 lighting is available. There is a telephone working at this location. The LIC 610, emergency disaster plan
12 is maintained. There are no firearms at this facility. There are zero (0) fireplaces at this facility. There is a
13 secured and gated pool at the facility. LPA observed emergency supplies and first aid with the required
14 components.
15
16 LPA reviewed six (6) resident files. LPA reviewed for identification and emergency information,
17 admission agreement, medical assessment, and TB test results, needs and service plans, placement,
18 functional assessment, and personal rights notification.
19
20 Continued on LIC809-C.....
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NAME OF LICENSING PROGRAM MANAGER: Anthony Perez

NAME OF LICENSING PROGRAM ANALYST: Toni Nwala

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 02/05/2026**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 02/05/2026**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
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FACILITY NAME: ATRIA PALM DESERT

FACILITY NUMBER: 336400954

VISIT DATE: 02/05/2026

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>LPA reviewed six (6) staff files. LPA reviewed employee records for first aid certification, criminal record clearance or an exemption, health screening and TB test results, employee rights, training verification, and current administrative organization.</p> <p>LPA toured the facility restaurant and kitchen. LPA observed that Food prep areas were clean and organized. Food supply meets the requirement of one (1) week supply of nonperishable and two (2) day supply of perishables. Emergency food and water supply is present. There is a locked location for sharps in the kitchen. The medications are centrally stored. There is a locked cabinet allocated for medication storage. Centrally stored medication and destruction logs are maintained separately.</p> <p>LPA observed the hand washing stations in the facility restrooms and kitchen had hand hygiene supplies and hand washing signs. LPA observed PPE equipment and cleaning supplies to do regular cleaning of the facility. LPA reviewed the facility's infection control plan which met department requirements. Facility conducts the Emergency Fire Drill on a monthly basis; last Emergency drill was conducted on 1/29/2026. The Annual Fire Safety inspection was conducted on 04/08/2025.</p> <p>During today's visit, LPA did not observe any immediate violations or concerns. An exit interview was conducted, and a copy of this report was reviewed and provided.</p>

NAME OF LICENSING PROGRAM MANAGER: Anthony Perez	
NAME OF LICENSING PROGRAM ANALYST: Toni Nwala	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 02/05/2026

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 02/05/2026