

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336403366

Report Date: 01/26/2021

Date Signed: 01/27/2021 10:27:40 AM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME: WINDSOR COURT ASSISTED LIVING	FACILITY NUMBER: 336403366
ADMINISTRATOR: BRITTANY HOLM	FACILITY TYPE: 740
ADDRESS: 201 S. SUNRISE WAY	TELEPHONE: (760) 327-8351
CITY: PALM SPRINGS	STATE: CA ZIP CODE: 92262
CAPACITY: 130	CENSUS: DATE: 01/26/2021
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME BEGAN: 02:15 PM
MET WITH: Robert Bernal	TIME COMPLETED: 02:20 PM

NARRATIVE	
1	LPA Susan Parker conducted a Case Management visit via FaceTime, due to COVID-19, to follow up on a confirmation of removal for Person #1 and Person #2. LPA Parker met with Business Office Manager Robert Bernal and explained the purpose of the visit.
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7	Mr. Bernal said Person #1 and Person #2 never started working at the facility. LPA Parker has verified that Person #1 and Person #2 do not work, nor have they ever worked at Windsor Court Assisted Living.
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12	Verification of removal is complete.
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14	Exit interview was conducted with Mr. Bernal and a copy of this report was provided to him.
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NAME OF LICENSING PROGRAM MANAGER: Nedra Brown

NAME OF LICENSING PROGRAM ANALYST: Susan Parker

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 01/26/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 01/26/2021

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