

Department of

SOCIAL SERVICES

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		
2	COVID-19, to follow up on a confirmation of removal for Person #1 and Person #2.		
3	LPA Parker met with Business Office Manager Robert Bernal and explained the purpose of		
4	the visit.		
5			
6			
7	Mr. Bernal said Person #1 and Person #2 never started working at the facility. LPA		
8	Parker has verified that Person #1 and Person #2 do not work, nor have they ever		
9	worked at Windsor Court Assisted Living.		
10			
11	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		
15	to him.		
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25			
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.