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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 336403366
Report Date: 07/03/2026
Date Signed: 07/03/2026 12:16:21 PM

Substantiated

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

This is an official report of an unannounced visit/investigation of a complaint received in our office on **07/01/2026** and conducted by Evaluator Seo Jeon

PUBLIC	COMPLAINT CONTROL NUMBER: 18-AS-20260701142111

FACILITY NAME:	PALM COURT ASSISTED LIVING			**FACILITY NUMBER:**	336403366
ADMINISTRATOR:	AURELIEN FRUIT			**FACILITY TYPE:**	740
ADDRESS:	201 S. SUNRISE WAY			**TELEPHONE:**	(760) 327-8351
CITY:	PALM SPRINGS	**STATE:** CA		**ZIP CODE:**	92262
CAPACITY:	130	**CENSUS:** 130		**DATE:**	07/03/2026
		UNANNOUNCED		**TIME BEGAN:**	10:00 AM
MET WITH:	Samara Harris, Director of Bus Development			**TIME COMPLETED:**	12:30 PM

ALLEGATION(S):

1	Staff do not ensure that facility is free of pests.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Seo Jeon conducted an unannounced visit to the facility to initiate the
2	investigation into the allegation listed above. The LPA met with Samara Harris, Director of Business
3	Development, and informed them of the purpose of the LPA's visit.
4	
5	On July 1, 2026, Community Care Licensing (The Department) received a complaint report with the
6	following allegation.
7	
8	It was alleged that staff do not ensure that facility is free of pests. Information received indicated that
9	residents' rooms are infested with insects. LPA conducted a tour of interiors of the facility and observed
10	dead insects in Resident #1's (R1) room floor. LPA conducted interviews with nine (9) additional
11	residents. Seven (7) out of none (9) residents interviewed stated that there have been ongoing insect
12	issues in their rooms and bathrooms. LPA conducted interviews with three (3) staff members. Continued
13	on LIC9099-C....

Substantiated	Estimated Days of Completion:

SUPERVISORS NAME: Rikesha Stamps
LICENSING EVALUATOR NAME: Seo Jeon
LICENSING EVALUATOR SIGNATURE:
DATE: 07/03/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 07/03/2026

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

Control Number 18-AS-20260701142111

FACILITY NAME: PALM COURT ASSISTED LIVING **FACILITY NUMBER:** 336403366
VISIT DATE: 07/03/2026

NARRATIVE

Two (2) out of three (3) staff members interviewed stated that they have seen insects in the residents rooms on daily basis.

Based on interviews conducted and observation, the evidence found during the Department's investigation met the preponderance of evidence standard. Therefore, this allegation is substantiated.

A finding that the complaint is SUBSTANTIATED means that the allegation is valid because the preponderance of the evidence standard has been met.

An exit interview was conducted where a copy of this report was provided, along with a copy of LIC9099D, and Appeal Rights were provided.

SUPERVISORS NAME: Rikesha Stamps
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Control Number 18-AS-20260701142111

FACILITY NAME: PALM COURT ASSISTED LIVING **FACILITY NUMBER:** 336403366
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/03/2026

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 07/17/2026 **Section Cited** CCR 80087(a)(1)	1 2 3 4 5 6 7	80087 Buildings and Grounds, (a) The facility shall be clean, safe, sanitary and in good repair at all times..., (1) The licensee shall take measures to keep the facility free of flies and other insects. This requirement was not met as evidenced by:	1 2 3 4 5 6 7	Director of business development agree to discuss the matter with the Administrator and the Licensee and send proof of pest control services to LPA by the POC due date via email.
	8 9 10 11 12 13 14	Based on interviews conducted and observation, staff did not ensure residents' rooms were free of insects. This posed potential personal rights and/or health and safety risk to residents in care.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	
	1 2 3 4 5 6 7		1 2 3 4 5 6 7	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISORS NAME: Rikesha Stamps
LICENSING EVALUATOR NAME: Seo Jeon
LICENSING EVALUATOR SIGNATURE: **DATE:** 07/03/2026

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