

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336408433

Report Date: 11/21/2025

Date Signed: 11/21/2025 02:02:50 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: VISTA COVE AT RANCHO MIRAGE	FACILITY NUMBER: 336408433
ADMINISTRATOR/PATRICK MCADOO-MORTON DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 70201 MIRAGE COVE DRIVE	TELEPHONE: (760) 324-4604
CITY: RANCHO MIRAGE	STATE: CA
CAPACITY: 68	ZIP CODE: 92270
TYPE OF VISIT: Required - 1 Year	CENSUS: 37
	DATE: 11/21/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 09:55 AM
MET WITH: Patrick McAdoo-Morton, Administrator	TIME VISIT/INSPECTION
	COMPLETED: 02:30 PM

NARRATIVE

1
2 Licensing Program Analyst (LPA) Seo Jeon conducted an unannounced annual required visit. Upon
3 entry, LPA was greeted by Patrick McAdoo-Morton, Administrator, and informed them of the purpose of
4 the visit. At the time of the visit, there were 14 staff members and 37 residents present.
5
6 **Facility Overview:** The facility is 2 unit one story building with (26) bedrooms and (18) bathrooms.
7 There are no pools or known firearms on the premises.
8
9 **Infection Control:** LPA observed that hygiene and cleaning supplies were available for regular facility
10 maintenance. The facility has infection control plan in file.
11
12 **Physical Plant:** The physical plant, including floors, windows, and doors, was clean and well
13 maintained. Fixtures and furniture were in good repair. The outdoor area was free of hazards. This
14 facility has laundry rooms in each unit. Sharp and dangerous objects were securely locked and
15 inaccessible to residents. LPA reviewed fire marshal's annual inspection report with no deficiencies. The
16 hot water temperature was 115°F. There were 16 fire extinguishers in the facility with current inspection
17 tags.
18
19 **Food Service:** The facility's kitchen was clean and equipped to prepare food. The facility maintained the
20 required two-day supply of perishable foods and a seven-day supply of non-perishable foods.
21
22 Continued on LIC809-C.....
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Rikisha Stamps
NAME OF LICENSING PROGRAM ANALYST: Seo Jeon


DATE: 11/21/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/21/2025

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: VISTA COVE AT RANCHO MIRAGE

FACILITY NUMBER: 336408433

VISIT DATE: 11/21/2025

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>Care & Supervision/Administration: Adequate staff were present to supervise clients during the visit. The administrator holds a current administrator's certificate.</p> <p>Record Review and Resident/Staff Files: LPA reviewed files for five (5) staff members, confirming criminal clearances, updated training, and CPR/First Aid certification. Five (5) resident files were reviewed and contained all required documentation.</p> <p>Health-Related Services/Incidental Medical Services: All resident medications were securely locked. LPA reviewed medications for five (5) residents, confirming that all medications were listed on the Medication Administration Record (MAR) and accounted for.</p> <p>Disaster Preparedness: LPA reviewed the facility's emergency and disaster plan, including documentation of the last fire drill conducted on 11-05-2025, which met department requirements. All facility exits were clear of obstructions.</p> <p>No deficiencies were cited during the visit. An exit interview was conducted, during which this report was reviewed and provided.</p> <p>LPA left the facility at 12:05 PM and returned at 1:05 PM.</p>

NAME OF LICENSING PROGRAM MANAGER: Riksha Stamps	
NAME OF LICENSING PROGRAM ANALYST: Seo Jeon	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 11/21/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 11/21/2025