

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336413271
Report Date: 08/19/2026
Date Signed: 08/19/2026 12:43:41 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:	DESERT COTTAGE	FACILITY NUMBER:	336413271
ADMINISTRATOR/ELIZABETH HENGSTLER DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	83-617 HIMILAYA DRIVE	TELEPHONE:	(760) 342-7767
CITY:	INDIO	STATE: CA	ZIP CODE: 92203
CAPACITY:	6	CENSUS: 3	DATE: 08/19/2026
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	10:30 AM
MET WITH:	Elizabeth Hengstler Administrator	BEGAN: TIME VISIT/ INSPECTION	01:00 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Toni Nwala conducted an unannounced visit for a required annual inspection. The LPA was greeted by Administrator Elizabeth Hengstler notified them of the purpose for the visit and was allowed to enter the facility to conduct the inspection. Facility Overview: The facility is a single- story building with 4 residents' bedrooms, 1 staff bedroom, 4 bathrooms, a dinning room, a living room, a kitchen, a laundry room, an outdoor area, and a garage. There is no gated pool and there are no firearms on the premises. Infection Control: LPA observed that hygiene and cleaning supplies were available for regular facility maintenance. The facility's infection control plan was reviewed and found to meet department's requirements. Physical Plant: The physical plant, including floors, windows, and doors, was clean and well maintained. Fixtures and furniture were in good repair. Laundry equipment was in good working condition. Sharp and dangerous objects were securely locked in the kitchen and inaccessible to residents. The smoke detector and carbon monoxide detector were operable. LPA observed fire extnguishers to be in compliance with the department's requirements and with an purchase date of 06-08-2026. The water temperature was tested within regulations measuring 106.2 F Continued 809-C.....
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Anthony Perez	
Toni Nwala	

DATE: 08/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/19/2026

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	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
	RIVERSIDE, CA 92507

FACILITY NAME: DESERT COTTAGE	FACILITY NUMBER: 336413271
	VISIT DATE: 08/19/2026

NARRATIVE	
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2	Care & Supervision/Administration: Adequate staff were present to supervise residents during the
3	visit. The Administrator holds a current administrator's certificate with the expiration date of 12-25-2026
4	and a
5	Record Review and Resident/Staff Files: LPA reviewed files for 2 staff members, confirming criminal
6	clearance, updated training, and health screening. 3 clients' files were reviewed and contained all
7	required documentation. LPA observed first kit to be available for the residents in care. The residents
8	and staff files were kept locked and inaccessible to unauthorized individuals.
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10	Health-Related Services/Incidental Medical Services: All residents' medications were securely locked
11	in a closet and located in the hallway.
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13	Disaster Preparedness: LPA reviewed the facility's emergency and disaster plan, including
14	documentation of the last emergency drill conducted on 07-08-2026, which met the department's
15	requirements. All facility exits were clear of obstructions.
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18	No deficiencies were cited during the visit. An exit interview was conducted, during which this report was
19	reviewed, and a copy was provided to Administrator Elizabeth Hengstler.
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NAME OF LICENSING PROGRAM MANAGER: Anthony Perez	
NAME OF LICENSING PROGRAM ANALYST: Toni Nwala	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 08/19/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 08/19/2026