

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 336423672  
Report Date: 10/18/2021  
Date Signed: 10/18/2021 01:01:01 PM

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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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: DESERT COTTAGE II	FACILITY NUMBER: 336423672
ADMINISTRATOR: ELIZABETH HENGSTLER	FACILITY TYPE: 740
ADDRESS: 83-421 MATADOR COURT	TELEPHONE: (760) 289-6287
CITY: INDIO	STATE: CA
CAPACITY: 6	ZIP CODE: 92203
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Elizabeth Hengstler, Administrator	DATE: 10/18/2021
	UNANNOUNCED TIME BEGAN: 10:30 AM
	TIME COMPLETED: 01:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Yolanda Delgado made an unannounced visit to the facility to conduct
2	an annual inspection with an emphasis on infection control. LPA arrived at 11:30 A, LPA was met by
3	Caregiver Ilena Rodriguez and explained the purpose of the visit. Present in the facility during time of
4	visit were one (1) staff as well as six (6) residents. There are currently no cases of COVID-19 within the
5	facility.
6	
7	During today's visit, LPA toured the facility and made observations pertaining to the facility's infection
8	control measures. LPA observed insufficient proper signage throughout the facility, sufficient hand
9	hygiene supplies, sufficient cleaning and disinfecting provisions. The facility has a designated infection
10	control lead person who has been tasked with tracking all COVID-19 cases and/or suspected cases,
11	insufficient PPE supplies are not maintained, cleaning and disinfection provisions are in adequate
12	quantities, and that staff are trained in the proper use and disposal of PPE and overall infection control.
13	The facility has a plan in place which follows Community Care Licensing guidelines for when and how
14	long to test staff and residents for COVID-19, when and how to isolate/quarantine residents, and when
15	to schedule cleaning and disinfection times of high traffic and frequently touched areas. The facility also
16	has a plan in place to monitor resident(s) regularly for any changes in condition and to subsequently
17	notify the resident(s) physician and to notify all emergency agencies in the event of any COVID-19
18	related and/or suspected illnesses.
19	
20	Based on the observations made during today's visit, no deficiencies were cited per Title 22, Division 6,
21	of the California Code or Regulations. An exit interview to review this report was conducted and a copy
22	of this report was provided.
23	
24	
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Efren Malagon <b>NAME OF LICENSING PROGRAM ANALYST:</b> Yolanda Delgado
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**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 10/18/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 10/18/2021

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