

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336426273
Report Date: 08/19/2026
Date Signed: 08/19/2026 03:09:18 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 III	FACILITY NUMBER:	336426273
ADMINISTRATOR/HENGSTLER, ELIZABETH DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	43745 PETTIROSSO ST.	TELEPHONE:	(760) 342-7767
CITY:	INDIO	STATE:	CA
CAPACITY:	6	ZIP CODE:	92203
TYPE OF VISIT:	Required - 1 Year	CENSUS:	0
		DATE:	08/19/2026
		UNANNOUNCED TIME VISIT/ INSPECTION	01:40 PM
		BEGAN:	
MET WITH:	Administrator Elizabeth Hengstler	TIME VISIT/ INSPECTION	03:15 PM
		COMPLETED:	

NARRATIVE	
1	On 8/19/26 Licensing Program Analyst (LPA) Toni Nwala conducted an unannounced one (1) year required visit. LPA were granted entry by Administrator, Elizabeth Hengstler, who was informed of the purpose of visit. At the time of visit, there are no residents in care. Elizabeth has obtained proper fingerprint clearance and association to the facility LPA observed the following during today's visit:
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6	LPA conducted a tour of the facility with Administrator, Elizabeth. The physical plant contained four (4) resident bedrooms, one (1) staff bedroom, and three and a half (3.5) bathrooms. The facility has a dining room, kitchen, living room, and a gated backyard. Indoor and outdoor passageways were free of obstruction. There were no bodies of water located on the property. The facility has a working refrigerator ready for residents to be accepted into the facility. Water temperature measured at 106.5-degree Fahrenheit meeting within the required limits. Dishes and utensils were in sufficient supply and in good repair. Knives and sharp items are located in the kitchen in a locked cabinet. Resident bedrooms had the required bedding, furniture, and lighting. Disinfectants and cleaning solutions were secured in a locked cabinet in the kitchen. There is a locked cabinet located in the kitchen to store centrally stored medication. The smoke and carbon monoxide detectors were tested and were observed to be operable. LPA observed charged fire extinguishers mounted in the kitchen. Facility maintained a sufficient amount of PPE located in the locked staff bedroom.
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18	Administrator file reviewed have a criminal record clearance and valid first aid/CPR certification. Administrator's license expiration date is 12/25/2026. Facility sketch, personal rights, and emergency disaster plan is posted on a wall in the hallway near entrance. According to Administrator, Elizabeth, there are no firearms or ammunition on the premises.
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	During today's visit, LPA did not observe any immediate violations or concerns. An exit interview was conducted, and a copy of this report was reviewed and provided to Administrator, Elizabeth Hengstler.



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.