

# Department of SOCIAL SERVICES

Community Care Licensing

## COMPLAINT INVESTIGATION REPORT

Facility Number: 336426505  
Report Date: 03/12/2026  
Date Signed: 03/12/2026 11:47:12 AM

**Substantiated**

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
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/06/2025** and conducted by Evaluator Seo Jeon

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER: 18-AS-20251106134235</b>
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<b>FACILITY NAME:</b> STONEWALL GARDENS ASSISTED LIVING	<b>FACILITY NUMBER:</b> 336426505
<b>ADMINISTRATOR:</b> BRITTANY CABANAS	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 2150 N PALM CANYON DR	<b>TELEPHONE:</b> (760) 548-0970
<b>CITY:</b> PALM SPRINGS	<b>STATE:</b> CA
<b>CAPACITY:</b> 35	<b>ZIP CODE:</b> 92262
	<b>DATE:</b> 03/12/2026
	<b>UNANNOUNCED TIME BEGAN:</b> 09:45 AM
<b>MET WITH:</b> Clayshanisha Henson, Resident Service Director	<b>TIME COMPLETED:</b> 12:15 PM

**ALLEGATION(S):**

1	Staff physically assaulted resident
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**INVESTIGATION FINDINGS:**

1	Licensing Program Analyst (LPA) Seo Jeon conducted an unannounced visit to the facility to deliver findings of the above allegation. LPA met with Clayshanisha Henson, Resident Service Director. The
2	Department investigation involved interviews with staff and residents and reviews of records.
3	
4	
5	On 11-06-2025, Community Care Licensing (The Department) received a complaint report with the
6	following allegation.
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8	It was alleged that staff physically assaulted resident. Information received indicated that Staff #1 (S1)
9	struck Resident #1 (R1) in the face while providing care during night shift. As a result, R1 sustained
10	bruising and swelling on the face.
11	
12	Continued on LIC9099-C....
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<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Rikeshia Stamps  
**LICENSING EVALUATOR NAME:** Seo Jeon  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/12/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/12/2026

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

LIC9099 (FAS) - (06/04)

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**Control Number** 18-AS-20251106134235

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

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** STONEWALL GARDENS ASSISTED LIVING

**FACILITY NUMBER:** 336426505

**VISIT DATE:** 03/12/2026

### NARRATIVE

1 The Department's review of police report from Palm Springs Police Department confirmed the same  
2 allegation against S1, supported by two (2) photographs included in the police report. According to the  
3 police report, S1 was arrested for battery and elder abuse. The Department conducted an interview with  
4 R1 who stated R1 was hit in the face by S1, consistent with R1's statement in the police report.  
5

6 The Department conducted an interview with the Administrator. The Administrator called police upon  
7 learning of the incident on 08-26-2025. The Administrator stated that S1 was the only caregiver on duty  
8 during the incident. The Administrator stated that S1 was terminated on 08-28-2025. The Department  
9 met with S1 for an interview, but S1 declined and exercised right to remain silent. The Department did  
10 not obtain any further information from S1. The Department conducted an interview with Staff #2 (S2).  
11 S2 went to R1's room for routine morning check on 08-26-2025. R1 told S2 about being hit in the face  
12 by S1 earlier in the morning. The Department conducted an interview with R1's hospice agency  
13 personnel who stated that a hospice nurse visited R1 on 08-27-2025 to treat R1's injuries on the face.  
14 R1 told the hospice nurse the same account about being hit in the face by S1. The Department's  
15 interview with R1's relevant party who visited R1 on 08-27-2025 confirmed that R1 shared the same  
16 account about being hit in the face by S1.  
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18 Based on interviews conducted and records review, the Department's investigation found enough  
19 information to corroborate the allegation that staff physically assaulted resident. This allegation is  
20 substantiated. A finding that the complaint is SUBSTANTIATED means that the allegation is valid  
21 because the preponderance of the evidence standard has been met.  
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23 An exit interview was conducted where a copy of this report was provided, along with a copy of  
24 LIC9099D, and Appeal Rights were provided.  
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**SUPERVISORS NAME:** Rikeshia Stamps  
**LICENSING EVALUATOR NAME:** Seo Jeon  
**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/12/2026

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**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 03/12/2026

LIC9099 (FAS) - (06/04)

Page: 2 of 5

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-

## COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/06/2025** and conducted by Evaluator Seo Jeon

**PUBLIC**

**COMPLAINT CONTROL NUMBER: 18-AS-20251106134235**

<b>FACILITY NAME:</b> STONEWALL GARDENS ASSISTED LIVING	<b>FACILITY NUMBER:</b> 336426505
<b>ADMINISTRATOR:</b> BRITTANY CABANAS	<b>FACILITY TYPE:</b> 740
<b>ADDRESS:</b> 2150 N PALM CANYON DR	<b>TELEPHONE:</b> (760) 548-0970
<b>CITY:</b> PALM SPRINGS	<b>STATE:</b> CA
<b>CAPACITY:</b> 35	<b>ZIP CODE:</b> 92262
	<b>CENSUS:</b> 26
	<b>DATE:</b> 03/12/2026
	<b>UNANNOUNCED TIME BEGAN:</b> 09:45 AM
<b>MET WITH:</b> Clayshanisha Henson, Resident Service Director	<b>TIME COMPLETED:</b> 12:15 PM

**ALLEGATION(S):**

- 1 Licensee did not notify relevant parties of incident
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**INVESTIGATION FINDINGS:**

- 1 Licensing Program Analyst (LPA) Seo Jeon conducted an unannounced visit to the facility to deliver
- 2 findings of the above allegation. LPA met with Clayshanisha Henson, Resident Service Director. The
- 3 Department investigation involved interviews with staff and residents and review of records.
- 4
- 5 On 11/06/2025, Community Care Licensing (The Department) received a complaint report with the
- 6 following allegation.
- 7
- 8 It was alleged that licensee did not notify relevant parties of incident. Information received indicated that
- 9 responsible party (RP) of Resident #1 (R1) was NOT notified of the physical abuse incident that occurred
- 10 on 08/26/2025. The Department conducted an interview with RP, who visited R1 on 08/27/2025 and
- 11 observed a bruising on R1's right eye. RP then spoke to the facility administrator and was informed about
- 12 the physical abuse incident by the administrator.
- 13 Continued on LIC9099-C...

<b>Unfounded</b>	<b>Estimated Days of Completion:</b>
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**SUPERVISORS NAME:** Rikeshia Stamps  
**LICENSING EVALUATOR NAME:** Seo Jeon  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_  
**DATE:** 03/12/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_  
**DATE:** 03/12/2026

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LIC9099 (FAS) - (06/04) Page: 3 of 5  
**Control Number 18-AS-20251106134235**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
<b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	COMMUNITY CARE LICENSING DIVISION
	RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
	RIVERSIDE, CA 92507

**FACILITY NAME:** STONEWALL GARDENS ASSISTED LIVING  
**FACILITY NUMBER:** 336426505  
**VISIT DATE:** 03/12/2026

**NARRATIVE**

- 1 The Department conducted an interview with the administrator, who stated that police were called, and a
- 2 report was sent to the appropriate agencies after learning of the physical abuse incident. The
- 3 Department obtained and reviewed the Palm Springs Police Department report which confirmed the

4 date of the police report was filed. Based on interviews conducted and records review, the allegation  
 5 that licensee did not notify relevant parties of incident is unfounded.  
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 7 A finding of **Unfounded** means the allegation could not have happened, is false, and/or is without a  
 8 reasonable basis.  
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 10 An exit interview was conducted where a copy of this report was provided.  
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**SUPERVISORS NAME:** Rikisha Stamps  
**LICENSING EVALUATOR NAME:** Seo Jeon  
**LICENSING EVALUATOR SIGNATURE:** \_\_\_\_\_ **DATE:** 03/12/2026

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**FACILITY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_ **DATE:** 03/12/2026

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>COMPLAINT INVESTIGATION REPORT (Cont)</b>	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:** STONEWALL GARDENS ASSISTED LIVING **FACILITY NUMBER:** 336426505  
**DEFICIENCY INFORMATION FOR THIS PAGE:** **VISIT DATE:** 03/12/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/19/2026 <b>Section Cited</b> CCR 87468.2(a)(8)	1 87468.2 Additional Personal Rights of 2 Residents in Privately Operated 3 Facilities, (a)In addition to the rights 4 listed in Section 87468.1, (9)To be free 5 from neglect, financial exploitation, 6 involuntary seclusion, punishment, 7 humiliation, intimidation, and verbal, mental, physical, or sexual abuse.	1 Licensee agreed to provide reminder 2 training of personal rights and will send 3 proof of the training by the POC due 4 date. 5 6 7
	8 This requirement was not met as 9 evidenced by: 10 Based on interviews conducted and 11 records review, R1 was physically 12 abused by S1. This posed an 13 immediate personal rights risk to 14 residents in care.	

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

<b>SUPERVISORS NAME:</b> Rikeshia Stamps <b>LICENSING EVALUATOR NAME:</b> Seo Jeon <b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 03/12/2026
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 03/12/2026