

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336426505
Report Date: 03/12/2026
Date Signed: 03/12/2026 11:48:21 AM

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

NARRATIVE	
1	Licensing Program Analyst (LPA), Seo Jeon, conducted an unannounced visit to the facility for a case
2	management visit to follow up on complaint control number 18-AS-20251106134235. The LPA was
3	allowed entrance into the facility and met with Clayshanisha Henson, Resident Service Director. The
4	LPA informed the Resident Service Director of the purpose of the LPA's visit.
5	
6	LPA toured the interior and exterior of the facility and did not observe any health and safety concerns.
7	LPA conducted review of staff file and observed that Staff #1 (S1) did not have criminal record clearance
8	prior to S1's employment at this facility. S1 had worked without being associated with the facility from
9	March 2025 to 08/28/2025. A citation was issued.
10	
11	LPA conducted review of facility records and observed that the physical abuse incident occurred on
12	08/26/2025 was not reported to Community Care Licensing. A citation was issued.
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14	An exit interview was conducted where a copy of this report, LIC809-D, LIC421BG, and Appeal Rights
15	were provided.
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NAME OF LICENSING PROGRAM MANAGER: Rikesh Stamps	
NAME OF LICENSING PROGRAM ANALYST: Seo Jeon	

LICENSING PROGRAM ANALYST 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.

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.

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Created By: Seo Jeon On 03/12/2026 at 10:45 AM
Link to Parent Document Below:

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FACILITY EVALUATION REPORT (Cont)	

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 03/12/2026 Section Cited CCR 87355(e)(3)	1 Criminal Record Clearance, (e)All 2 individuals subject to a criminal record 3 review pursuant to Health and Safety 4 Code Section 1569.17(b) shall prior to 5 working..., (3) Request a transfer of a 6 criminal record clearance 7	1 Licensee terminated S1 on 08/28/2025. 2 Licensee stated that all employees will 3 go through criminal record clearance 4 prior to employment. 5 6 7
	8 This requirement was not met as 9 evidenced by: 10 Based on records review, S1 did not 11 have criminal record clearance prior to 12 working at the facility. This posed an 13 immediate health and safety risk to 14 residents in care.	8 9 10 11 12 13 14
Type B 03/12/2026 Section Cited CCR87211(c)	1 Reporting Requirements, (c)Any 2 suspected physical abuse that does not 3 result in serious bodily injury...the 4 corresponding licensing agency, and 5 the local law enforcement agency within 6 twenty-four (24) hours... 7 This requirement was not met as evidenced by:	1 Licensee agreed to send all future 2 incident reports to Community Care 3 Licensing Riverside Regional Office. 4 5 6 7
	8 CCLD did not receive any incident 9 reports regarding the physical abuse 10 incident occurred on 08/26/2025. This 11 posed a potential health and safety risk 12 to residents in care. 13 14	8 9 10 11 12 13 14

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

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

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/12/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/12/2026