

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336426505

Report Date: 11/09/2021

Date Signed: 11/09/2021 10:50:13 AM

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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	
FACILITY EVALUATION REPORT			
FACILITY NAME: STONEWALL GARDENS ASSISTED LIVING		FACILITY NUMBER:	336426505
ADMINISTRATOR: BOEDDEKER, ALLEN		FACILITY TYPE:	740
ADDRESS:	2150 N PALM CANYON DR	TELEPHONE:	(760) 548-0970
CITY:	PALM SPRINGS	STATE: CA	ZIP CODE: 92262
CAPACITY:	35	CENSUS: 23	DATE: 11/09/2021
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME BEGAN:	10:10 AM
MET WITH:	Nisha Henson, Medical Technician	TIME COMPLETED:	11:05 AM
NARRATIVE			
1	Licensing Program Analyst (LPA) Jesse Gardner made an unannounced visit to the facility to conduct an		
2	annual inspection with an emphasis on infection control.		
3			
4	LPA Gardner met with Medical Technician Nisha Henson. There is currently 1 case of COVID-19 in		
5	quarantine within the facility. The COVID-19 positive resident is isolated inside their apartment.		
6			
7	During today's visit, LPA Gardner toured the facility and made observations pertaining to the facility's		
8	infection control measures. LPA Gardner observed sufficient hand hygiene supplies, sufficient cleaning		
9	and disinfecting provisions, and proper use of face coverings. 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	ensuring PPE supplies are maintained, cleaning and disinfection provisions are in adequate quantities,		
12	and that staff are trained in the proper use and disposal of PPE and overall infection control.		
13			
14	During the inspection, LPA Gardner discussed infection control practices and procedures with Ms.		
15	Henson.		
16			
17	An exit interview was conducted and a copy of this report, was reviewed with and provided to Ms.		
18	Henson.		
19			
20			
21			
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Reyna Lacey			
NAME OF LICENSING PROGRAM ANALYST: Jesse Gardner			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/09/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/09/2021

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