

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107206749

Report Date: 11/12/2021

Date Signed: 11/12/2021 04:33:43 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, 1314 E SHAW AVE FRESNO, CA 93710	
FACILITY EVALUATION REPORT			
FACILITY NAME: CEDARBROOK MEMORY CARE COMMUNITY		FACILITY NUMBER:	107206749
ADMINISTRATOR: LISA POOLE-JOHNSON		FACILITY TYPE:	740
ADDRESS:	1425 E. NEES AVE	TELEPHONE:	(559) 412-2299
CITY:	FRESNO	STATE: CA	ZIP CODE: 93720
CAPACITY: 68		CENSUS: 49	DATE: 11/12/2021
TYPE OF VISIT:	Case Management - Incident	UNANNOUNCED TIME BEGAN:	12:16 PM
MET WITH:	Exexecutive Director, Sarah Dennis	TIME COMPLETED:	01:10 PM
NARRATIVE			
1	On 11/12/2021, Licensing Program Analyst (LPA) A. Walton arrived unannounced to conduct a Case		
2	Management – Incident visit. LPA introduced self, stated the purpose of the visit and requested to meet		
3	with the Administrator, LPA met with Executive Director, Sarah Dennis.		
4			
5	The purpose of today's visit is to follow up on incidents that were reported to the Fresno CCL office.		
6			
7	It was reported that on 08/24/2021, facility staff went to R1's apartment to administer medication. Upon		
8	arrival, staff was unable to locate resident. Facility immediately initiated search protocols at		
9	approximately 8:45PM. The Police Department (PD) and R1's responsible party was notified. R1's family		
10	located R1 near Fresno State at approximately 1:35AM. R1 was transported back to the facility by family		
11	and returned to the facility at approximately 1:45AM.		
12			
13	Based on today's inspection, a deficiency is being cited in accordance with the California Code of		
14	Regulations, Title 22 see attached 809D. An immediate civil penalty is being assessed in the amount of		
15	\$500 for the absence of supervision.		
16			
17	An exit interview was conducted. A plan of correction was reviewed and developed with Executive		
18	Director. As a COVID-19 precautionary measure, copy of this report and appeal rights will be provided to		
19	Executive Director via email and an electronic read receipt confirms receiving this document.		
20			
21			
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Melinda Hoffmann			
NAME OF LICENSING PROGRAM ANALYST: Alexandria Walton			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 11/12/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/12/2021

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

LIC809 (FAS) - (06/04)

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Created By: Alexandria Walton On 11/12/2021 at 12:48 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
1314 E SHAW AVE
FRESNO, CA 93710

FACILITY NAME: CEDARBROOK MEMORY CARE COMMUNITY

FACILITY NUMBER: 107206749

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/12/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 11/15/2021 Section Cited	1 §1569.312 Basic services 2 requirements: Every facility required 3 to be licensed under this chapter 4 shall provide at least the following 5 basic services: (a) Care and 6 supervision as defined in Section 7 1569.2. This requirement was not met as evidenced by:		
	8 Based on record review, Licensee did 9 not ensure all residents were 10 provided care and supervision when 11 on 8/24/2021, facility staff were 12 unable to locate R1 in R1's bedroom. 13 R1 was located outside of the facility 14 near Fresno State.	8 Licensee stated staff have been 9 trained on Elopement protocols. 10 Documentation of training topics and 11 attendance will be submitted to the 12 Fresno CCL office 11/15/2021. 13 14	
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 7		

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

SUPERVISOR'S NAME:

Melinda Hoffmann

LICENSING EVALUATOR NAME:

Alexandria Walton

LICENSING EVALUATOR SIGNATURE:



DATE: 11/12/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/12/2021