

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
CAPACITY:	68	CENSUS:	49
TYPE OF VISIT:	Case Management - Incident	DATE:	11/12/2021
MET WITH:	Executive Director, Sarah Dennis	UNANNOUNCED TIME BEGAN:	12:16 PM
		TIME	01:10 PM
		COMPLETED:	

NARRATIVE	
1	On 11/12/2021, Licensing Program Analyst (LPA) A. Walton arrived unannounced to conduct a Case Management – Incident visit. LPA introduced self, stated the purpose of the visit and requested to meet with the Administrator, LPA met with Executive Director, Sarah Dennis.
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5	The purpose of today's visit is to follow up on incidents that were reported to the Fresno CCL office.
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7	It was reported that on 08/24/2021, facility staff went to R1's apartment to administer medication. Upon arrival, staff was unable to locate resident. Facility immediately initiated search protocols at approximately 8:45PM. The Police Department (PD) and R1's responsible party was notified. R1's family located R1 near Fresno State at approximately 1:35AM. R1 was transported back to the facility by family and returned to the facility at approximately 1:45AM.
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13	Based on today's inspection, a deficiency is being cited in accordance with the California Code of Regulations, Title 22 see attached 809D. An immediate civil penalty is being assessed in the amount of \$500 for the absence of supervision.
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17	An exit interview was conducted. A plan of correction was reviewed and developed with Executive Director. As a COVID-19 precautionary measure, copy of this report and appeal rights will be provided to Executive Director via email and an electronic read receipt confirms receiving this document.
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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)

Page: 1 of 2

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

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