

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 191221839  
Report Date: 01/24/2022  
Date Signed: 01/24/2022 12:38:31 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
<b>FACILITY EVALUATION REPORT</b>		COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754	
FACILITY NAME: BROADVIEW RESIDENTIAL CARE CENTER		FACILITY NUMBER:	191221839
ADMINISTRATOR: Betsy K Davis		FACILITY TYPE:	740
ADDRESS: 535 WEST BROADWAY		TELEPHONE:	(818) 246-4951
CITY: GLENDALE	STATE: CA	ZIP CODE:	91204
CAPACITY: 180	CENSUS: 62	DATE:	01/24/2022
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	09:10 AM
MET WITH: Administrator Betsy Davis		TIME COMPLETED:	12:45 PM
	Assistant Administrator Dennise Alonso		

NARRATIVE	
1	Licensing Program Analysts (LPA) Nune Margaryan conducted an unannounced Annual - 1 Year
2	Required visit to this facility. Upon arrival, LPA met with Assistant Administrator / Dennise Alonso and
3	Administrator Betsy Davis who assist with the visit. During today's visit, LPA used the infection control
4	tool to evaluate the facility. The facility is licensed for one hundred and eighty residents (180) and
5	currently has sixty two (62) residents in care. The facility has a hospice waiver for two (2) and currently
6	has no residents on hospice.
7	
8	LPA and administrator toured the facility at 10:00 am. Areas inspected included but are not limited to: the
9	lobby, activity spaces, tea room, common areas, six (6 ) residents bedrooms -three (3) on each floor,
10	kitchen, medication room and gardens. LPA observed that the facility does not have a swimming pool or
11	other bodies of water. All indoor and outdoor passageways were free of obstruction. There is only one
12	entrance being utilized at the facility, all required posters were posted at the entrance. Screening area is
13	located immediately upon entrance. Sign in sheet, hand sanitizer, gloves and masks are available. LPA
14	was screened upon entry. All staff were observed to be wearing mask during this visit.
15	
16	LPA toured randomly selected resident rooms. Rooms 108, 142, 149 were inspected on the first floor,
17	rooms 220, 242, 244 were inspected on the second floor. All bedrooms were furnished with required
18	furnitures. The bathrooms were observed to be clean, operational and equipped with grab bars and non-
19	skid mats. The hot water temperature was tested and measured within Title 22 Regulations guidelines.
20	Smoke detectors are present throughout the facility and in resident bedrooms. Fire extinguishers are
21	present through the facility and are fully charged. The kitchen was inspected. LPA observed all kitchen
22	equipment to be clean and in working condition. LPA observed sufficient supply of perishable and non-
23	perishable foods. Common areas were observed clean and properly furnished. LPAs observed the
24	centrally stored medication area to be locked and inaccessible to residents. The first aid kit was
25	observed and found to be in compliance with the Title 22 Regulations.
Based on California Code of Regulations, Title 22, there were no deficiencies observed during the visit. A copy of the report was provided to the administrator.	

**NAME OF LICENSING PROGRAM MANAGER:** Wei Siew Ho  
**NAME OF LICENSING PROGRAM ANALYST:** Nune Margaryan  
**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 01/24/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 01/24/2022

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