

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198204758

Report Date: 08/25/2021

Date Signed: 08/26/2021 08:59:32 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, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754
FACILITY EVALUATION REPORT	

FACILITY NAME:	BROOKDALE OCEAN HOUSE			FACILITY NUMBER:	198204758
ADMINISTRATOR:	PARK, THOMAS			FACILITY TYPE:	740
ADDRESS:	2107 OCEAN AVE			TELEPHONE:	(310) 399-3227
CITY:	SANTA MONICA			STATE:	CA
CAPACITY:	150			ZIP CODE:	90405
TYPE OF VISIT:	Required - 1 Year			CENSUS:	91
MET WITH:	Tom Rekowski			DATE:	08/25/2021
				UNANNOUNCED TIME BEGAN:	10:30 AM
				TIME	03:30 PM
				COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Pamela Bunker conducted an unannounced
2	Required - 1 Year Annual visit. The primary focus is on the Infection Control
3	measures using the new CARE Inspection Tools. Upon arrival at the facility, LPA
4	Bunker called the above facility and spoke to Lead Receptionist Rose Linesch via
5	telephone and conducted a risk assessment. Based on the assessment, the facility
6	is clear of COVID-19 infection. LPA verified that the facility has an approved
7	Mitigation Plan Report. LPA was properly screened for COVID-19 symptoms and
8	temperature was checked. LPA observed a sanitizing station at the facility entrance;
9	visitors log with COVID-19 screening and temperature log, and records of daily
10	COVID-19 screening and temperature checks of residents and staff. PPE supplies
11	are readily available to staff, and an additional 30-day supply of PPE is stored in the
12	storage room; sufficient paper, cleaning, and disinfecting supplies were observed.
13	LPA reviewed the facility's surveillance testing records. Executive Director Tom
14	Rekowski stated that all staff except one is fully vaccinated. The facility residents are
15	also vaccinated. The facility is doing COVID-19 testing weekly.
16	
17	Executive Director Mr. Rekowski and LPA Bunker toured the facility inside and
18	outside grounds. The facility is a 10-story high-rise apartment building located in a
19	residential beach neighborhood. The facility consisted of the following: 116
20	apartment units/with bathrooms, (16) 1- bedroom, (92) studio, and (8) deluxe studio
21	
22	See continued LIC809-C on page #2
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Angela J Kendrick

NAME OF LICENSING PROGRAM ANALYST: Pamela Bunker

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 08/25/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/25/2021

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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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: BROOKDALE OCEAN HOUSE**FACILITY NUMBER:** 198204758**VISIT DATE:** 08/25/2021**NARRATIVE**

1 Continued LIC809-C page #2

2
3 Common area includes 1st-floor concierge desk, open patio area, in front of the
4 facility, with patio chairs, (2) living rooms with piano and audio speaker sound
5 system, restaurant-style dining room, private dining room for special occasions, and
6 a kitchen. The 2nd-floor includes an exercise/game room and wellness/medication
7 room. The 3rd-floor includes a beauty salon including a manicure/pedicure station.
8 The 10th-floor includes a library/computer/lounge room, activity/ exercise room,
9 outside patio/ garden area, TV/movie theater room. All areas were observed to be
10 properly furnished, free of hazards, and appropriate for group activities.
11
12

13
14 The kitchen was inspected and observed to be clean and operational. In addition,
15 appliances and fixtures appeared functional. Daily Activity Schedule and meal menu
16 observed to be posted at the concierge desk, lobby, and inside the elevators.
17 Refrigerated and frozen foods were stored at proper temperatures. Residents do not
18 have access to the kitchen. The facility menu appears to meet the daily dietary
19 needs for the residents. All toxins and knives are locked/secured and inaccessible to
20 residents. There were no pesticides or poisons observed near any food areas.
21
22

23
24 LPA Bunker inspected ten (10) resident's apartments they were inspected for, safety,
25 privacy, and comfort. The living areas are clean. Resident apartments were found to
26 be clean, well furnished, and in good repair. The resident's apartment's windows
27 have no sliding window locks with thumbscrews. All resident's rooms have private
28 bathrooms. The living areas are clean. LPA observed the following during inspection
29 of resident's apartments: mattresses are in good condition, adequate lighting
30 present, plenty of dresser/closet space is present, and all bed linens present. All
31 rooms inspected appeared properly furnished, sanitary and free from hazards.
32 Bathrooms contained the required grab bars, and showers/tubs had non-slip safety
bath mats. LPA observed bathrooms clean and operational.

NAME OF LICENSING PROGRAM MANAGER: Angela J Kendrick**NAME OF LICENSING PROGRAM ANALYST:** Pamela Bunker**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 08/25/2021

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FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/25/2021

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: BROOKDALE OCEAN HOUSE

FACILITY NUMBER: 198204758

VISIT DATE: 08/25/2021

NARRATIVE	
1	Continued LIC809-C page #3
2	
3	The following Title 22 regulated areas were audited and found to be in compliance:
4	Apartments contain the required furniture. First aid kit is fully stocked with manual,
5	hot water temperature in apartments #206; #212; #309; #314; #415; #417; #505;
6	#515; #608; and #615 measured at 112.5 to 113 degrees Fahrenheit. The facility has
7	working telephones. The facility has an installed hardwired smoke alarm system.
8	Apartments smoke and carbon monoxide detectors were in compliance. Each
9	resident apartment has a night light and push bottom alert system, in the bathroom,
10	for emergency assistance, as well, each resident wears a call alert pendant for
11	immediate emergency assistance. The facility has two working elevators. The fire
12	extinguishers are fully charged. Medications were centrally stored and properly
13	locked on the 2nd-floor medication room in the records are current and documented
14	on the Point Click Care Electronic Medical Records system. LPA Bunker observed
15	an ample supply of perishable and nonperishable food, adequate linen supply, and
16	covered shaded patio areas. The fire/emergency drill was conducted on 08/16/2021.
17	No firearms on the premises, all exit doors were in compliance, covered trash cans,
18	and no bodies of water present. Hazardous items are inaccessible to clients, the
19	yard is free of debris and hazards.
20	
21	Mr. Rekowski states staff was given training on dependent adult and elder abuse
22	reporting.
23	
24	There were no deficiencies cited.
25	
26	LPA Bunker provided Mr. Rekowski with copies of the Facility Evaluation Reports.
27	
28	Exit interview conducted

NAME OF LICENSING PROGRAM MANAGER: Angela J Kendrick

NAME OF LICENSING PROGRAM ANALYST: Pamela Bunker

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/25/2021

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