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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198204758
Report Date: 09/13/2025
Date Signed: 09/13/2025 04:19:59 PM

Document Has Been Signed on 09/13/2025 04:19 PM **- It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245

FACILITY NAME:	BROOKDALE OCEAN HOUSE			FACILITY NUMBER:	198204758
ADMINISTRATOR/ DIRECTOR:	HELEN LEE			FACILITY TYPE:	740
ADDRESS:	2107 OCEAN AVE			TELEPHONE:	(310) 399-3227
CITY:	SANTA MONICA	STATE: CA		ZIP CODE:	90405
CAPACITY: 150		CENSUS: 112		DATE:	09/13/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED		TIME VISIT/ INSPECTION BEGAN:	09:00 AM
MET WITH:	Sandra Soloranzo & Helen Lee			TIME VISIT/ INSPECTION COMPLETED:	03:19 PM

NARRATIVE

On September 13, 2025, Licensing Program Analyst (LPA) Ernand Dabuet conducted an unannounced annual required visit using the CARE Inspection Tool. LPA met with the Executive Director Helen Lee and Resident Engagement Manager Sandra Solarano. LPA explained the purpose of today's visit. The facility is licensed to serve 150 non-ambulatory elderly residents and an approved hospice waiver for (5) residents. Currently the facility has (3) residents on hospice care.

The facility is a 10-story high-rise apartment building located in a residential beach neighborhood. It comprises 116 apartment units, which include 16 one-bedroom apartments, 92 studios, and 7 deluxe studios. The building features several amenities, including: a concierge, a patio area, two living rooms, a restaurant-style dining room, a private dining room, a commercial kitchen, an exercise/game room, a wellness/medication room, a beauty salon, a library/computer lounge, an activity/exercise room, and a TV/movie theater room.

LPA toured the physical plant. There were no bodies of water or obstructions on the premises. All rooms were inspected. Beds and bedding supplies were in good condition, adequate lighting was provided, and storage for the resident's personal belongings was observed. Bathrooms were found to be within Title 22 regulations and were operational. LPA inspected rooms: #210; #212; #314; #317; #407; #414; #505; #512; #605, and #611. The water temperature range from 105.0 - 111.9 degrees F. and room temperature range from 74 - 76 degrees F., call buttons, and smoke and carbon monoxide are all in operating condition.

Evaluation Report continues LIC 809C

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond

NAME OF LICENSING PROGRAM ANALYST: Ernand Dabuet **LICENSING PROGRAM ANALYST SIGNATURE:**	
	**DATE:** 09/13/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	**DATE:** 09/13/2025

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.

- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a

deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245

FACILITY NAME: BROOKDALE OCEAN HOUSE **FACILITY NUMBER:** 198204758

VISIT DATE: 09/13/2025

NARRATIVE

LPA observed the facility to be sanitary and appropriately furnished at the time of the visit. Storage areas for personal hygiene, cleaning supplies, toxins, and sharps objects were stored and not accessible to residents. The kitchen was inspected and there is sufficient perishable and non-perishable food available maintained properly. All fire extinguishers were charged. A review of Disaster, Elopement and Fire Drills was completed on 05/31/25, 07/31/25 and 08/31/25. Several working landline phones are available on-site. A review of Medication Administration Records found to be in order and accurate.

During the visit LPA observed the facility's infection control practices. LPA observed screening protocols for visitors, staff, and residents, and sanitizing stations in common areas and restrooms. All mandated inspection control posters, including the Activities Calendar and Food Menu, were posted. The facility included stairway evacuation chairs in all the stairwells.

An audit of resident's service records for residents #1-#6 (R1-R6) and staff personnel records for staff #1-#6 (S1-S6) were accurate and complete. The facility is current on Community Care Licensing annual dues. The facility has a current administrator certificate on file for Helen Lee #702209740 03/20/24 through 03/19/26 RCFE. The facility has a Liability Insurance Certificate valid with policy # SSIL-02-2025 effective 12/31/24 through 12/31/25.

No Deficiencies were identified during this inspection visit.

An exit interview was conducted, and a copy of this report was provided to Helen Lee.

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond
NAME OF LICENSING PROGRAM ANALYST: Ernand Dabuet
LICENSING PROGRAM ANALYST SIGNATURE:
DATE: 09/13/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 09/13/2025