

Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306000831
Report Date: 03/20/2024
Date Signed: 03/20/2024 03:27:30 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/19/2024** and conducted by Evaluator Ruth Martinez

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20240319093642
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FACILITY NAME: BROOKDALE GARDEN GROVE	FACILITY NUMBER: 306000831
ADMINISTRATOR: PAMELA BRADLEY	FACILITY TYPE: 740
ADDRESS: 10200 CHAPMAN AVE	TELEPHONE: (714) 636-6453
CITY: GARDEN GROVE	STATE: CA ZIP CODE: 92840
CAPACITY: 140	CENSUS: 89 DATE: 03/20/2024
MET WITH: Jeri Miles, Executive Director	UNANNOUNCED TIME BEGAN: 01:50 PM
	TIME COMPLETED: 04:00 PM

ALLEGATION(S):

1	Facility did not provide requested records to authorized representative
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Ruth Martinez made an unannounced visit to conduct the required 10-
2	day visit to begin the investigation into the allegation listed above. LPA met with Jeri Miles, Executive
3	Director, and explained the reason for the visit.
4	
5	It is alleged the facility did not provide requested records to authorized representatives. Based on
6	interview with 2 of 2 staff revealed that they received a request on March 11, 2024, for copies of resident
7	records that included from admission to current. Staff indicated that requestor was not the authorized
8	representative and facility did not receive an updated change of POA until March 14, 2024. Staff indicated
9	that they started working on request the same day the update was received, and documents were
10	forwarded to the legal department for processing. Copies of pertinent documents revealed that on March
11	15, 2024, there was
12	
13	Continued on LIC9099-C

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero

NAME OF LICENSING PROGRAM ANALYST: Ruth Martinez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/20/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/20/2024

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

LIC9099 (FAS) - (06/04)

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
ORANGE COUNTY RO, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: BROOKDALE GARDEN GROVE

FACILITY NUMBER: 306000831

VISIT DATE: 03/20/2024

NARRATIVE

1 correspondence to update requestor and with information that records needed to be gathered and
2 records would be available by Tuesday (March 19, 2024) of the following week. Records obtained reflect
3 that on March 19, 2024, records were sent over via email to the requestor. As of today, the records
4 request has been fulfilled and the requestor has obtained copies.
5
6 Based on the information mentioned above, the Department is unable to ascertain if the allegation
7 occurred as reported. Although the allegations may have happened or is valid, there is not a
8 preponderance of evidence to prove or refute the alleged violation occurred; therefore, this allegation is
9 deemed Unsubstantiated.
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11 An exit interview was conducted with Executive Director and a copy of this LIC9099 report was left at
12 facility.
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NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero

NAME OF LICENSING PROGRAM ANALYST: Ruth Martinez

LICENSING PROGRAM ANALYST SIGNATURE:

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LIC9099 (FAS) - (06/04)

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