

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306000831
Report Date: 12/07/2023
Date Signed: 12/07/2023 12:20:26 PM

Document Has Been Signed on 12/07/2023 12:20 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT	

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: 87 DATE: 12/07/2023
TYPE OF VISIT: Case Management - Other	UNANNOUNCED TIME BEGAN: 11:25 AM
MET WITH: Jeri Miles- Executive Director	TIME COMPLETED: 12:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) arrived unannounced for a Case Management visit. LPA met with
2	Executive Director Jeri Miles and explained the reason for the visit.
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4	During today's visit, LPA interviewed Resident #1 (R1) in connection to Complaint Control Number: 22-
5	AS-20230919083629 and obtained records.
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7	An exit interview was conducted with Executive Director Jeri Miles, and copy of this report and LIC811
8	were provided at the end of the visit.
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Jessica Cho

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/07/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/07/2023

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