

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 306001000  
Report Date: 11/22/2022  
Date Signed: 11/22/2022 01:43:33 PM

Document Has Been Signed on 11/22/2022 01:43 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: BROOKDALE VALLEY VIEW	FACILITY NUMBER: 306001000
ADMINISTRATOR: DANIEL LINES	FACILITY TYPE: 740
ADDRESS: 5900 CHAPMAN AVE	TELEPHONE: (714) 898-3524
CITY: GARDEN GROVE	STATE: CA
CAPACITY: 160	ZIP CODE: 92845
TYPE OF VISIT: Case Management - Other	CENSUS: 49
MET WITH: Melissa Weibel - Executive Director	DATE: 11/22/2022
	UNANNOUNCED TIME BEGAN: 12:31 PM
	TIME COMPLETED: 02:00 PM

NARRATIVE	
1	On 11/22/2022 Licensing Program Analysts (LPAs) Kevin Saborit-Guash and Alvaro Ramirez along with
2	Executive Director (ED) Melissa Weibel conducted a Case Management visit. LPAs informed ED Weibel
3	that the facility has 30 days to notify Community Care Licensing division when there is a change in
4	Administrator.
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6	On this date Administrator was reminded of the regulation and the reporting requirements when hiring a
7	new Administrator. A Technical Assistance was issued.
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9	An exit interview was conducted and a copy of this report and Technical Advisory was provided prior to
10	leaving the facility.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Alisa Ortiz <b>NAME OF LICENSING PROGRAM ANALYST:</b> Kevin Saborit-Guash
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**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/22/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/22/2022

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