

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306001000

Report Date: 12/17/2025

Date Signed: 12/17/2025 02:14:09 PM

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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
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FACILITY NAME:	BROOKDALE VALLEY VIEW	FACILITY NUMBER:	306001000
ADMINISTRATOR/DIRECTOR:	CHRISTINE PEREZ	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 - Incident	CENSUS:	63
		DATE:	12/17/2025
		UNANNOUNCED TIME VISIT/INSPECTION:	01:00 PM
MET WITH:	Quita Morris	BEGAN TIME VISIT/INSPECTION:	02:30 PM
		COMPLETED:	

NARRATIVE

1 Licensing Program Analyst (LPA) Kimberly Lyman conducted an unannounced case management visit
2 to follow up on a death report submitted to the department on 12/16/2025. LPA was greeted and granted
3 entry into the facility and explained the reason for the visit.
4

5 Death report dated 12/15/2025 indicated Resident 1 (R1) was having difficulty breathing and 911 was
6 called. EMS arrived and performed CPR for approximately 20 minutes before declaring the resident
7 deceased. Garden Grove Police Department responded as well. Per physician report dated 09/27/2025,
8 R1 was diagnosed with Hemiplegia and Hemiparesis following Cerebral Infarction, Dysphagia following
9 Cerebral Infarction, Obesity, Pleural Effusion, Atrial Fibrillation, Neuralgia and Neuritis. Resident had
10 been admitted to a skilled nursing in May 2025 for the above diagnosis' as well as Hypertension
11 Urgency. Resident was prescribed multiple medications for blood pressure management. Licensee to
12 forward a copy of the death certificate to LPA upon receipt.
13

14 During today's visit it was revealed that there had been a change in Administrator as the former
15 administrator left on 10/24/2025. The new administrator was hired 11/03/2025 and there was no
16 notification to the department.
17

18 Based on the observations made during today's visit, the following violation is being cited per California
19 Code of Regulations, Title 22, Division 6, Chapter 8. An exit interview was conducted and a copy of this
20 report as well as appeal rights were discussed and provided with facility representative.
21
22
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/17/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/17/2025

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.

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Created By: Kimberly Lyman On 12/17/2025 at 01:39 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
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FACILITY NAME: BROOKDALE VALLEY VIEW

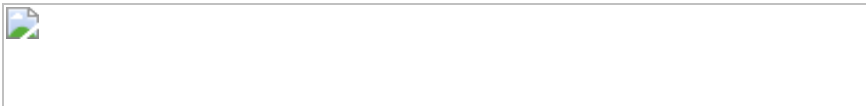
FACILITY NUMBER: 306001000

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/17/2025

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 12/24/2025 Section Cited CCR 87211(g)	1 The licensee shall notify the 2 Department, in writing, within thirty (30) 3 days of the hiring of a new 4 administrator...This requirement is not 5 met as evidenced by: 6 7	1 Licensee to provide required 2 notification/ documentation for new 3 administrator to LPA by POC due date. 4 5 6 7
	8 Based on interviews conducted and 9 observation, Licensee failed to ensure 10 the department was notified of a 11 change in Administrator which poses a 12 potential health and safety risk to 13 residents in care. 14	
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM	Alisa Ortiz
MANAGER:	
NAME OF LICENSING PROGRAM	Kimberly Lyman
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 12/17/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/17/2025