

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# ***FACILITY EVALUATION REPORT***

**Facility Number:** 306002915  
**Report Date:** 07/21/2021  
**Date Signed:** 07/21/2021 12:12:05 PM

**Document Has Been Signed on 07/21/2021 12:12 PM - It Cannot Be Edited**

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

|                                  |                                 |
|----------------------------------|---------------------------------|
| FACILITY NAME: BROOKDALE ANAHEIM | FACILITY NUMBER: 306002915      |
| ADMINISTRATOR:TROY BYINGTON      | FACILITY TYPE: 740              |
| ADDRESS: 200 N DALE ST           | TELEPHONE: (714) 761-5771       |
| CITY: ANAHEIM                    | STATE: CA ZIP CODE: 92801       |
| CAPACITY: 140                    | CENSUS: 88 DATE: 07/21/2021     |
| TYPE OF VISIT: Required - 1 Year | UNANNOUNCEDTIME BEGAN: 10:23 AM |
| MET WITH: Troy Byington          | TIME COMPLETED: 12:22 PM        |

| <b>NARRATIVE</b> |  |
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| 1                | Licensing Program Analyst (LPA) Joseph Alejandro made an unannounced visit to conduct the required             |
| 2                | annual visit. LPA was greeted and granted entry by Executive Director (ED) Troy Byington. LPA                  |
| 3                | Alejandro and ED Troy Byington toured the facility. Facility is a 3 story building with an interior courtyard. |
| 4                | LPA inspected the common areas including the kitchen, dining room, front lobby, courtyard. LPA and ED          |
| 5                | also toured the memory care area which is on the first floor. LPA toured the medication room on the first      |
| 6                | floor. All medications were secured in the medication carts. LPA observed all fire extinguishers are fully     |
| 7                | charged. LPA did not observe any obstacles or hazards. LPA toured the outside of the building and              |
| 8                | parking area, LPA did not observe any obstacles or hazards. LPA has reviewed the facility's Covid-19           |
| 9                | mitigation plan. Mitigation plan is in accordance with CCL guidelines. LPA discussed mitigation plan and       |
| 10               | procedures with Executive Director. LPA reviewed activity calendar. LPA observed the facility is               |
| 11               | organized and clean. Based on Title 22 Division 6 of the California Code of Regulations, no deficiencies       |
| 12               | are being cited as a result of this visit. Exit interview conducted with Troy Byington and a copy of this      |
| 13               | report provided.   |
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| <b>NAME OF LICENSING PROGRAM MANAGER:</b> Luz Adams        |
| <b>NAME OF LICENSING PROGRAM ANALYST:</b> Joseph Alejandro |

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/21/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/21/2021

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