

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 306002954
Report Date: 08/26/2022
Date Signed: 08/26/2022 11:58:05 AM

Unsubstantiated

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
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **08/23/2021** and conducted by Evaluator Sean Haddad

PUBLIC	COMPLAINT CONTROL NUMBER: 22-AS-20210823161046
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FACILITY NAME: BROOKDALE IRVINE	FACILITY NUMBER: 306002954
ADMINISTRATOR: CARRIE GALLOWAY	FACILITY TYPE: 740
ADDRESS: 10 MARQUETTE	TELEPHONE: (949) 854-3766
CITY: IRVINE	STATE: CA ZIP CODE: 92612
CAPACITY: 155	CENSUS: 101 DATE: 08/26/2022
MET WITH: Becky Kruse	UNANNOUNCED TIME BEGAN: 10:15 AM
	TIME COMPLETED: 11:15 AM

ALLEGATION(S):

1	Staff not properly trained on emergency procedures
2	Not enough staff to ensure the safety of residents
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INVESTIGATION FINDINGS:

1	This unannounced inspection is being conducted by Licensing Program Analyst (LPA) Sean Haddad for the purpose of delivering findings for the investigation into the above identified complaint allegations. LPA met with Wellness Director (WD) Becky Kruse and explained the reason for today's inspection.
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5	The investigation into the allegations that staff are not properly trained on emergency procedures and there are not enough staff to ensure the safety of residents revealed the following: During the course of the investigation, LPA conducted on-site inspections on 08/27/21 and 10/19/21, inspected the facility, interviewed Administrator (AD) Carrie Galloway and residents, and obtained and reviewed copies of facility records.
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11	It was reported that, when the fire alarm went off on 08/21/21, there were not enough staff to direct residents and that the staff present were not properly trained on emergency procedures, which resulted in confusion during the alarm. AD stated that the fire alarm on 08/21/21 was a false alarm, the facility quickly determined it to be a false alarm, and so shortly after the alarm rang residents and staff were free to use the elevators.
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Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero

NAME OF LICENSING PROGRAM ANALYST: Sean Haddad

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/26/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/26/2022

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
CCLD Regional Office, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

**COMPLAINT INVESTIGATION REPORT
(Cont)**

FACILITY NAME: BROOKDALE IRVINE

FACILITY NUMBER: 306002954

VISIT DATE: 08/26/2022

NARRATIVE

1 AD stated that, per the facility's emergency procedures, when the fire alarm goes off, the fire doors close
2 (but do not lock), residents are supposed to stay in in their rooms, and staff go section to section (going
3 through the fire doors) checking on the residents or evacuating residents if necessary. Per AD, facility
4 staff responded on 08/21/21 exactly how they were trained to respond. In terms of training, AD stated
5 that residents are offered monthly training on fire safety, there is an annual evacuation drill, and staff are
6 trained on fire precautions upon hire and yearly thereafter. LPA reviewed and confirmed the facility's Fire
7 and Emergency Evacuation Plan, Evacuation Plan, Facility Protocol for Evacuation, and Resident
8 Emergency Guide which corroborate AD's description of the fire protocols and document the fire
9 protocols for staff and residents. LPA reviewed Direct Supply Tels Logbook Documentation showing that
10 the facility regularly conducts fire drills. LPA reviewed facility training records which show all staff
11 completed at least 2 fire training sessions in 2021. During LPA's inspection on 08/27/21, LPA observed a
12 spontaneous false fire alarm at the facility. During the alarm, LPA observed staff come to the front to
13 receive instructions, the facility's determination that the alarm was a false alarm, and staff proceeding to
14 check on residents in an orderly manner. LPA interviewed 5 residents, 4 of whom corroborated AD's
15 statement that the facility's fire protocol was properly followed on 08/21/21. LPA's interview with AD and
16 review of documents revealed that on 08/21/21, the facility had approximately 118 residents and had 5
17 caregivers, 1 office staff, 1 receptionist, and 6 kitchen staff, all of whom are trained on emergency
18 procedures. During LPA's inspections on 08/27/21 and 10/19/21, LPA did not observe a shortage of
19 staff, and during the 08/27/21 inspection LPA observed staff checking on residents in an orderly manner.
20 LPA interviewed 5 residents, none of whom stated the facility did not have enough staff to check on and
21 direct residents during the 08/21/21 false alarm.

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23 Based on the information gathered during the investigation and review of all documents obtained, the
24 Department is unable to ascertain if the allegations occurred as reported. Although the allegations may
25 have happened or are valid, there is not a preponderance of evidence to prove or refute the alleged
26 violations occurred; therefore, these allegations are deemed Unsubstantiated. An exit interview was
27 conducted and a copy of this report was discussed with and provided to facility representative.
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NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero

NAME OF LICENSING PROGRAM ANALYST: Sean Haddad

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/26/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/26/2022