

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306002954
Report Date: 09/01/2026
Date Signed: 09/01/2026 04:45:22 PM

COMPREHENSIVE INSPECTION

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

FACILITY NAME:	BROOKDALE IRVINE	FACILITY NUMBER:	306002954
ADMINISTRATOR/CARRIE GALLOWAY DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	10 MARQUETTE	TELEPHONE:	(949) 854-3766
CITY:	IRVINE	STATE: CA	ZIP CODE: 92612
CAPACITY: 155		CENSUS: 141	DATE: 09/01/2026
TYPE OF VISIT:	Annual/Random	UNANNOUNCEDTIME VISIT/INSPECTION	09:00 AM
MET WITH:	Shannon Howell	BEGAN: TIME VISIT/INSPECTION	04:15 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Joseph Alejandro made an unannounced visit to conduct the required annual inspection. LPA met with Executive Director (Administrator) Shannon Howell and explained the reason for the visit. The Executive Director's Administrator's certificate expires on August 15, 2027. The facility is a three level building with a central courtyard and is licensed for 155 non-ambulatory residents, of which zero (0) may be bedridden and a hospice waiver for fifteen (15). LPA and the Executive Director toured the facility. LPA observed the See Something poster (PUB 475) posted by the resident mail boxes. LPA conducted random room checks, 4 rooms on each floor, for a total of 12 rooms inspected. LPA observed each room had the required furnishings and clean bed linens and adequate storage space. LPA observed each resident room was clean and was free of trip hazards. The hot water temperature in the restrooms inspected measured to between 115.0 to 119.2 degrees Fahrenheit. LPA tested the emergency pull cord in one room on each level. All three of the emergency pull cords are operational. LPA observed the facility has an activity room, fitness room with gym equipment, theater room and a library. LPA observed there is a computer in the theater room that has internet access and is for resident use only. LPA observed the dining room and kitchen are clean. LPA observed a two day perishable and a seven day non-perishable food supply on hand in the kitchen. LPA observed the refrigerator and freezer were at the required temperatures, the freezer was at 0.0 degrees Fahrenheit and refrigerator was at 38.0 degrees Fahrenheit. LPA observed temperature logs for the refrigerator and freezer are posted. LPA observed a 3 day emergency supply of water is stored outside in a storage shed. LPA observed a 3 day emergency supply of food stored in storage room on the first floor. LPA observed all fire extinguishers are fully charged. The last emergency drill was conducted August 13, 2026. The fire alarm system was tested on July 10, 2026.
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DATE: 09/01/2026

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/01/2026

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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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: BROOKDALE IRVINE

FACILITY NUMBER: 306002954
VISIT DATE: 09/01/2026

NARRATIVE	
1	LPA observed each stairway in the facility has an emergency evacuation chair. LPA observed the
2	medication room is kept locked and medication is stored in locked medication carts. LPA inspected the
3	first aid kit. The first aid kit has all the required elements. LPA toured the central courtyard. No bodies of
4	water observed. LPA observed a shaded seating area to sit outside. No obstacles or hazards observed
5	inside or outside of the facility. LPA reviewed 14 resident files and medications. No discrepancies
6	observed. LPA reviewed 6 staff files. LPA observed all staff members are background cleared and
7	associated to the facility. LPA observed Staff 1, Staff 2 and Staff 3, have over 20 hours of training, but
8	did not have 4 hours of training specific to postural supports, restricted health conditions and hospice
9	care. Staff 1, Staff 2 and Staff 3 all have CPR/First Aid training. No other discrepancies observed. LPA
10	consulted with the Executive Director regarding reporting requirements. Deficiencies are being cited per
11	Title 22, Division 6 of the California Code of Regulations. An exit interview was conducted and a copy of
12	the report provided along with appeal rights.
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos	
NAME OF LICENSING PROGRAM ANALYST: Joseph Alejandre	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/01/2026
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/01/2026

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FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** BROOKDALE IRVINE**FACILITY NUMBER:** 306002954**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 09/01/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 09/18/2026 Section Cited CCR 1569.625(b)(2)	1 ...training requirements shall also 2 include an additional 20 hours 3 annually..., and four hours of which 4 shall be specific to postural supports, 5 restricted health conditions, and 6 hospice care, as required by 7 subdivision (a) of Section 1569.696.	1 Licensee agrees to train all caregivers 2 on, 4 hours of training on postural 3 supports, restricted health conditions 4 and hospice care in compliance with 5 HSC 1569.625(b)(2). Licensee to 6 forward proof to LPA by POC due date. 7
	8 This requirement is not being met as 9 evidenced by LPA observed Staff 1, 10 Staff 2 and Staff 3 did not have 4 hours 11 of training on postural supports, 12 restricted health conditions and hospice 13 care, which poses a potential health 14 and safety risk to residents in care.	8 9 10 11 12 13 14
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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	Sheila Santos
MANAGER:	
NAME OF LICENSING PROGRAM	Joseph Alejandre
ANALYST:	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 09/01/2026
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 09/01/2026