

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306002955
Report Date: 08/20/2021
Date Signed: 08/20/2021 02:40:56 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		CCLD Regional Office, 770 THE CITY DR., SUITE 7100	
		ORANGE, CA 92868	
FACILITY NAME: BROOKDALE NOHL RANCH		FACILITY NUMBER:	306002955
ADMINISTRATOR: Hammers, Lana		FACILITY TYPE:	740
ADDRESS: 380 S ANAHEIM HILLS RD		TELEPHONE:	(714) 974-1616
CITY: ANAHEIM HILLS	STATE: CA	ZIP CODE:	92807
CAPACITY: 266	CENSUS: 69	DATE:	08/20/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN:		01:45 PM
MET WITH: Administrator Lana Hammers	TIME COMPLETED:		02:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Michelle Reed made an unannounced visit to the
2	facility to conduct an Annual visit. Upon arrival LPA met with Administrator Lana
3	Hammers. The focus of the visit was Infection Control. LPA toured the facility with
4	Ms. Hammers and the following was observed:
5	
6	Covid signs were posted at the front entrance of facility with a sanitization station.
7	LPA's temperature was taken upon arrival and a sign in sheet was available. Facility
8	has required Department postings. Administrator Certificate for Lana Hammers
9	expires on 5/15/23. LPA toured the hallways as well as the dining room. Hand
10	sanitizing stations were present outside the elevators. Restrooms observed
11	contained soap, paper towels and toilet paper. Hand sanitizer, soap, wipes and
12	gloves were present and in sufficient supply. The Licensee has at least a 30 day
13	supply of PPE. LPA observed an outside visitation area with ample shading.
14	Residents were observed, having lunch, conducting a trivia activity as well as
15	walking through the facility. Social Distancing and masks were observed. Licensee
16	has required Mitigation plan and Emergency Disaster Plan. Facility has emergency
17	food and water supply. Facility has a secured medication room for resident
18	medication and files. All residents have at least a 30 day supply. Covid Testing is
19	conducted every week on Wednesday and Thursday.
20	
21	
22	
23	
24	During the visit, LPA consulted with staff regarding the importance of maintaining a
25	30 day supply of PPE on site. Additionally, LPA advised the importance of mask
	wearing and handwashing for staff. Administrator is reminded to review PIN 20-17.2-
	ASC in regards to Visitation, dining, Group Activities, Non-essential services,
	Outings, New Admissions and Entertainment. as well as PIN 21-32-ASC Updated
	Facility Staff Testing and Masking Guidelines. No deficiencies noted during visit. An

exit interview was conducted and a copy of this report was provided to Lana Hammers.

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos

NAME OF LICENSING PROGRAM ANALYST: Michelle Reed

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/20/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/20/2021

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