

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306003639

Report Date: 09/08/2023

Date Signed: 09/08/2023 02:18:25 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
FACILITY EVALUATION REPORT	

FACILITY NAME:	BROOKDALE BREA			FACILITY NUMBER:	306003639
ADMINISTRATOR:	SARAH DEVORE			FACILITY TYPE:	740
ADDRESS:	285 W CENTRAL AVE			TELEPHONE:	(714) 671-7898
CITY:	BREA			STATE: CA	92821
CAPACITY:	110			CENSUS: 82	DATE: 09/08/2023
TYPE OF VISIT:	Case Management - Incident			UNANNOUNCED TIME BEGAN:	11:00 AM
MET WITH:	Samantha Lole			TIME COMPLETED:	02:35 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Claudia Gutierrez made an unannounced case management visit for
2	the purpose of following-up on an incident report received by Community Care Licensing on 9/01/2023.
3	LPA met with Staff 3 (S3), Resident Care Coordinator Samantha Lole and explained the reason for the
4	visit.
5	
6	Incident report indicated that on 8/31/2023 at about 8:00 p.m., Resident 1 (R1) could not be located by
7	facility staff. Police were called and it was determined R1 had been found offsite and transported to a
8	local hospital where they were treated for dehydration.
9	
10	During today's visit, LPA was unable to interview R1, as they have since been relocated to another
11	assisted living facility. LPA interviewed additional residents, and staff present during the incident.
12	Residents interviewed did not report witnessing R1's elopement and staff were unable to determine R1's
13	point of exit or elopement route. LPA obtained and reviewed R1's Physician Report (LIC 602) dated
14	8/24/23, which indicates R1 is not able to leave facility unassisted.
15	
16	Based on observation made during today's inspection, one deficiency is being cited per Title 22 Division
17	6 of the California Code of Regulations. An exit interview conducted, a copy of this report, and appeal
18	rights was left at the facility.
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20	
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23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero

NAME OF LICENSING PROGRAM ANALYST: Claudia Gutierrez

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 09/08/2023

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 09/08/2023

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

LIC809 (FAS) - (06/04)

Page: 1 of 2

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Created By: Claudia Gutierrez On 09/08/2023 at 01:51 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

FACILITY NAME: BROOKDALE BREA**FACILITY NUMBER:** 306003639**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 09/08/2023

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)		
Type A 09/08/2023 Section Cited	1 (c) "Care and supervision" means the facility assumes responsibility for... 2 ongoing assistance with activities of 3 daily living without which the 4 resident's physical health, mental 5 health, safety, or welfare would be 6 endangered. 7 This requirement is not met as evidence by;			
	8 Based on interviews and record review, LPA determined R1 was able to elope from the facility without staff knowledge, resulting in hospitalization, which poses an immediate safety risk to persons in care.	8 9 10 11 12 13 14		
	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.

SUPERVISOR'S NAME:**LICENSING EVALUATOR NAME:**

Armando J Lucero

Claudia Gutierrez

LICENSING EVALUATOR SIGNATURE:**DATE:** 09/08/2023**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 09/08/2023