

Department of

SOCIAL SERVICES

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 ZIP CODE: 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.		
19			
20			
21			
22			
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)

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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 2 facility assumes responsibility for... 3 ongoing assistance with activities of 4 daily living without which the 5 resident's physical health, mental 6 health, safety, or welfare would be 7 endangered. This requirement is not met as evidence by;		
	8 Based on interviews and record 9 review, LPA determined R1 was able 10 elope from the facility without staff 11 knowledge, resulting in 12 hospitalization, which poses an 13 immediately safety risk to persons in 14 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:

Armando J Lucero

LICENSING EVALUATOR NAME:

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