

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 315001404
Report Date: 01/02/2025
Date Signed: 02/14/2025 03:27:06 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
FACILITY EVALUATION REPORT	

FACILITY NAME: BROOKVIEW RCFE, INC.	FACILITY NUMBER: 315001404
ADMINISTRATOR/JACOBSON, MARIVEL	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 2061 BUTTERFIELD LANE	TELEPHONE: (916) 966-9370
CITY: LINCOLN	STATE: CA
CAPACITY: 6	ZIP CODE: 95648
TYPE OF VISIT: Required - 1 Year	CENSUS: 5
	DATE: 01/02/2025
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 08:45 AM
MET WITH: Marivel Jacobson	TIME VISIT/INSPECTION
	COMPLETED: 10:50 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Graham Gunby arrived on Thursday January 2, 2025 to conduct the
2	unannounced annual inspection.
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4	During today's annual inspection, the Compliance and Regulatory Enforcement Tool was used. LPA
5	Gunby reviewed client (5) and staff (1) files. All client files contained the required paperwork. All staff
6	files contained the required paperwork and training.
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8	LPA Gunby and Administrator Marivel toured the facility together to ensure the health and safety of
9	clients in care. The areas toured included bedrooms (4), kitchen, bathrooms, laundry room, living room,
10	front yard, back yard and garage. All chemicals and toxins were kept locked and inaccessible to clients.
11	Facility has two fire extinguishers (one in the living room, one in hallway). In the areas toured, there
12	were no health or safety violations observed.
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14	No deficiencies cited. Exit interview conducted. A copy of this report was emailed to the Administrator.
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NAME OF LICENSING PROGRAM MANAGER: Troy Ordonez

NAME OF LICENSING PROGRAM ANALYST: Graham Gunby

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/02/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/02/2025

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