

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 315001843
Report Date: 10/30/2020
Date Signed: 10/30/2020 01:47:59 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, 2525 NATOMAS PARK DR. STE.270 SACRAMENTO, CA 95833
FACILITY EVALUATION REPORT	

FACILITY NAME: BROOKDALE ROSEVILLE	FACILITY NUMBER: 315001843
ADMINISTRATOR: SHERRIE KUAR	FACILITY TYPE: 740
ADDRESS: 1 SOMER RIDGE DR	TELEPHONE: (916) 773-5955
CITY: ROSEVILLE	STATE: CA
CAPACITY: 40	ZIP CODE: 95661
TYPE OF VISIT: Case Management - Incident	CENSUS: 21
MET WITH: Sherrie Kuar	DATE: 10/30/2020
	UNANNOUNCED TIME BEGAN: 10:30 AM
	TIME COMPLETED: 11:00 AM

NARRATIVE	
1	On October 30, 2020, Licensing Program Analyst (LPA) Sarena Keosavang contacted the Administrator,
2	Sherrie Kuar, via telephone to conduct an unannounced Case Management visit. This visit was
3	conducted via telephone due to COVID-19 and pre-cautionary measures.
4	
5	The purpose of the telephone call was to follow-up on an Unusual Incident/ Injury Report that was sent
6	to Community Care Licensing (CCL) on 10/08/2020. The report indicated that a resident (R1) had
7	shortness of breath and was unresponsive. R1 was transferred to Sutter Emergency Room for further
8	medical evaluation.
9	
10	LPA interviewed Sherrie regarding the report. The interview with Sherrie indicated that R1 was in the
11	process of hospice initiation due to changes in health conditions. R1 was transferred to Sutter
12	Emergency Room on three different occasion and R1's health was declining. LPA requested for R1's
13	physician report and discharge medical documents.
14	
15	At this time, deficiencies are not being cited.
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18	A copy of this report has been emailed to the facility and the administrator was advised that a signed
19	copy of this report shall be emailed to LPA.
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21	
22	
23	
24	
25	

Anthony Perez Sarena Keosavang



DATE: 10/30/2020

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/30/2020

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