

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 317005468
Report Date: 05/18/2021
Date Signed: 05/18/2021 06:06:51 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, 520 COHASSET RD., STE. 170 CHICO, CA 95926
FACILITY EVALUATION REPORT	

FACILITY NAME: BROOKDALE AUBURN	FACILITY NUMBER: 317005468
ADMINISTRATOR:CHRISTINE SALEE	FACILITY TYPE: 740
ADDRESS: 11550 EDUCATION ST	TELEPHONE: (530) 888-8847
CITY: AUBURN STATE: CA	ZIP CODE: 95602
CAPACITY: 110 CENSUS: 70	DATE: 05/18/2021
TYPE OF VISIT: Case Management - Incident	UNANNOUNCEDTIME BEGAN: 05:30 PM
MET WITH: Kylie Whitaker (Health and Wellness Director)	TIME COMPLETED: 06:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Konnor Leitzell conducted an unannounced virtual case management
2	visit with Health and Wellness Director (HWD) Kylie Whitaker. Case management was conducted via
3	tele-phone to discuss an incident report submitted to Community Care Licensing (CCL) on 5/17/2021.
4	Incident report is regarding Resident sustaining a fracture from an un-witnessed fall on 5/14/2021. An
5	interview was conducted with HWD to better understand the time frame of the incident.
6	
7	Through the interview conducted with HWD Kylie Whitaker, LPA discovered facility staff conducts their
8	schedule checks, referred to as "rounds", between the hours of 2a.m. and 3a.m.; and again between
9	5a.m.-6a.m. LPA was informed rounds were conducted as normal, and during second round conducted
10	caregiver heard Resident call out for help (roughly 5:30a.m.). Upon entering Resident's room, caregiver
11	witnessed resident on the floor in their restroom. Through reviewing the Incident Report submitted LPA
12	discovered facility immediately dialed 911; contacted Resident's responsible party; and primary
13	physician.
14	
15	No deficiencies were cited during today's visit. An exit interview was conducted, and a copy of the report
16	is being provided via email to Health and Wellness Director Kylie Whitaker. HWD is to sign and return
17	one copy of report via email to LPA Leitzell, and keep one copy on file.
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NAME OF LICENSING PROGRAM MANAGER: Troy Ordonez NAME OF LICENSING PROGRAM ANALYST: Konnor Leitzell

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/18/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/18/2021

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