

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336413087
Report Date: 06/08/2021
Date Signed: 06/08/2021 04:35:10 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, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME: BROOKDALE MURRIETA	FACILITY NUMBER: 336413087
ADMINISTRATOR: QUEEN AYERS	FACILITY TYPE: 740
ADDRESS: 24350 JACKSON AVE	TELEPHONE: (951) 696-5753
CITY: MURRIETA	STATE: CA
CAPACITY: 82	ZIP CODE: 92562
TYPE OF VISIT: Required - 1 Year	CENSUS: 77
MET WITH: Queen Ayers, Executive Director	DATE: 06/08/2021
	UNANNOUNCED TIME BEGAN: 02:15 PM
	TIME COMPLETED: 03:00 PM

NARRATIVE	
1	Licensing Program Analyst Deborah Mullen conducted an unannounced annual inspection. LPA met
2	with Queen Ayers, Executive Director and Jennifer Larson, Health and Wellness Director. The facility is
3	licensed for 82 non-ambulatory residents, of which 10 may be bedridden. The facility has a hospice
4	waiver for nine residents.
5	
6	The facility is a two story building with 74 apartments. LPA conducted a walk through inspection of the
7	facility. The facility has a large dining room, kitchen, activities room and several other areas throughout
8	the building for residents to sit and relax. The outside of the building is fenced and has areas with tables,
9	and chairs in the shade for residents use.
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11	During the inspection LPA reviewed infection control practices and protocols with Ms. Ayers. The facility
12	is following current infection control practices for the safety of residents and staff.
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14	No deficiencies were observed at the time of the visit. An exit interview was conducted and a copy of
15	this report was reviewed with and provided to Ms. Ayers.
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NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Deborah Mullen

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/08/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/08/2021

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