

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336413087
Report Date: 06/25/2024
Date Signed: 06/25/2024 02:47:14 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 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
DIRECTOR:	
ADDRESS: 24350 JACKSON AVE	TELEPHONE: (951) 696-5753
CITY: MURRIETA	STATE: CA ZIP CODE: 92562
CAPACITY: 82	CENSUS: 58 DATE: 06/25/2024
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION 10:30 AM
	BEGAN: TIME VISIT/ INSPECTION 03:00 PM
MET WITH: Cindy Garcia, Administrator	COMPLETED:

NARRATIVE	
1	Licensing Program Manager (LPM), Tricia Danielson and Licensing Program Analyst (LPA) Stephanie
2	Martinez, conducted an unannounced visit to the facility for a required annual inspection. The LPM and
3	LPA were allowed entrance into the facility and met with Executive Director (ED), Cindy Garcia. The LPA
4	informed the ED of the purpose for their visit. The inspection included the following:
5	
6	<u>Physical Plant:</u> LPA Martinez inspected several resident rooms and required furniture was observed to
7	be available. There are no bodies of water located on the property. According to the ED, no weapons
8	are stored on the property. The facility is being maintained at a comfortable temperature. All outdoor and
9	indoor passageways are kept free of obstruction and are free of debris and other trash. There are grab
10	bars for each toilet, bathtub and shower used by residents. Resident showers have non-skid material
11	available. The facility was kept clean and free of any odors. The hot water was tested and found to be
12	within regulatory standards. An inspection of the fire systems was completed by the fire department on
13	02/02/2024
14	<u>Food Service:</u> There is a minimum of 2 days supply of perishable foods and 1 week's supply of non-
15	perishable foods available. Sufficient supplies were available for resident's dinning use. Dinning room
16	was observed to be clean.
17	<u>Record Review:</u> All staff were observed to have appropriate fingerprint clearances. LPA did not observe
18	any excluded individuals on the premises at time of visit. There is a disaster and mass casualty plan in
19	place. All services requiring specialized skill are being performed by an appropriately skilled
20	professional. Resident's files were reviewed and were observed to have required documentation. The
21	facility has active liability insurance.
22	<u>Medication Review:</u> The LPA inspected the medication room and observed resident's medications to be
23	secured and well organized.
24	<u>Staff and Resident Interviews:</u> Interviews were completed with several staff and residents. Staff
25	interviews revealed sufficient competency. Resident interviews revealed sufficient care is being provided. No concerns were observed during interviews.

An exit interview was conducted; this report was reviewed with ED Garcia and a copy was provided. No citations have been issued at this time.

NAME OF LICENSING PROGRAM MANAGER: Rikeshia Stamps
NAME OF LICENSING PROGRAM ANALYST: Stephanie Martinez
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/25/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/25/2024

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