

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336426239

Report Date: 12/02/2025

Date Signed: 12/02/2025 04:04:02 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 SUNWEST	FACILITY NUMBER:	336426239
ADMINISTRATOR/DIRECTOR:	THERESA M. WARD	FACILITY TYPE:	740
ADDRESS:	1085 SUNWEST DR	TELEPHONE:	(951) 925-0822
CITY:	HEMET	STATE:	CA
CAPACITY:	60	ZIP CODE:	92545
TYPE OF VISIT:	Case Management - Annual Continuation	CENSUS:	40
MET WITH:	Theresa Ward, Executve	DATE:	12/02/2025
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	01:45 PM
		TIME VISIT/INSPECTION COMPLETED:	04:00 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Yolanda Delgado arrived unannounced to continue an annual
2 inspection that was started on 11/25/2025. Upon arrival LPA was greeted by facility staff and granted
3 entry.
4
5 **Employee records review began-** Five (5) records were reviewed. LPA reviewed employee record for
6 first aid certification, fingerprint clearance, personnel/job application, health screening and TB test
7 results, criminal record statement, employee rights, training verification, and current administrator
8 certification. CPR and requirements have been met. The facility employs enough staff to maintain
9 cleanliness and meet the needs of the clients in care. Administrator certification is present and current
10 07/01/2027.
11
12 **Physical Plant and Safety of Environment/Operational Requirements-** LPA toured the facility inside
13 and outside. The facility is maintained at a comfortable temperature for the clients. Lighting is sufficient
14 for safety and comfort. Water temperature measured 125.6 degrees F and caution warning labels
15 observed. Laundry facilities and a locked cabinet is present for storing laundry soap and other chemicals
16 in the assigned area. All outdoor and indoor passageways are free of obstruction. A locked area is
17 provided for medications and sharp objects. LPA verified there is a telephone working at this location.
18
19
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21
22 **Food Service-** Food supply meets the of one week supply of nonperishable and 2-day supply of
23 perishables food on hand. A menu is posted, foods are dated to assure safety. Food prep areas are
24 clean and organized.
25
(Continued on Page 2)

NAME OF LICENSING PROGRAM MANAGER: Anthony Perez

LICENSING PROGRAM ANALYST SIGNATURE:

[Signature box]

DATE: 12/02/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

[Signature box]

DATE: 12/02/2025

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
• Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507</p>
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FACILITY NAME: BROOKDALE SUNWEST

FACILITY NUMBER: 336426239

VISIT DATE: 12/02/2025

NARRATIVE	
1	(Continued from Page 1)
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3	LPA made observations throughout the inspection process to assess if the facility remains in conformity
4	with the State Fire Marshall regulations. The facility has not exceeded its capacity limitation, and the
5	structure remains unchanged according to the approved floor plan. Smoke detectors and carbon
6	monoxide detectors were tested and found to be operational; contracted company also conducted fire
7	sprinklers quarterly and last done on 11/16/2025 and alarms are serviced yearly and last done on
8	3/11/2025. Fire extinguishers are tested annually and were last done on 11/07/2025. The facility
9	conducting emergency disaster drills monthly and last done on 11/5/2025. Corporation is active and in
10	good standing.
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12	Based on the information received during this visit today, zero deficiency is being cited per Title 22,
13	Division 6 of The California Code of Regulations.
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15	This report was reviewed with Theresa Ward and a copy provided at the time of the exit interview.
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<p>NAME OF LICENSING PROGRAM MANAGER: Anthony Perez</p> <p>NAME OF LICENSING PROGRAM ANALYST: Yolanda Delgado</p> <p>LICENSING PROGRAM ANALYST SIGNATURE:</p>	<p>DATE: 12/02/2025</p>
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

<p>FACILITY REPRESENTATIVE SIGNATURE:</p>	<p>DATE: 12/02/2025</p>
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