

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336426434
Report Date: 06/02/2021
Date Signed: 06/30/2021 07:55:18 AM

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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 CORONA	FACILITY NUMBER: 336426434
ADMINISTRATOR: MARITZA LUJAN	FACILITY TYPE: 740
ADDRESS: 2005 KELLOGG AVE	TELEPHONE: (951) 898-6991
CITY: CORONA	STATE: CA
CAPACITY: 60	ZIP CODE: 92879
TYPE OF VISIT: Required - 1 Year	CENSUS: 32
MET WITH: Maritza Lujan, Executive Director	DATE: 06/02/2021
	UNANNOUNCED TIME BEGAN: 10:40 AM
	TIME COMPLETED: 12:30 PM

NARRATIVE	
1	Licensing Program Analysts (LPA) Amy Goldenberg made an unannounced visit to the facility to conduct
2	an annual inspection with an emphasis on infection control. LPA met with Executive Director Maritza
3	Lujan. There are no cases of COVID-19 within the facility at this time.
4	
5	During today's visit, LPA toured the facility and made observations pertaining to the facility's infection
6	control measures. LPA observed sufficient hand hygiene supplies, sufficient cleaning and disinfecting
7	provisions. The facility has a designated an infection control lead person who would be tasked with
8	tracking all COVID-19 cases and/or suspected cases, ensuring PPE supplies are maintained, cleaning
9	and disinfection provisions are in adequate quantities, and that staff are trained in the proper use and
10	disposal of PPE and overall infection control. The facility has a plan in place which follows Community
11	Care Licensing guidelines for when and how long to test staff and clients for COVID-19, when and how
12	to isolate/quarantine clients, and when to schedule cleaning and disinfection times of high traffic and
13	frequently touched areas. The facility also has a plan in place to monitor clients regularly for any
14	changes in condition and to subsequently notify the resident's physician and to notify all emergency
15	agencies in the event of any COVID-19 related and/or suspected illnesses.
16	
17	Based on the observations made during today's visit, there were no deficiencies being cited per Title 22,
18	Division 6, of the California Code of Regulations. This reports was reviewed with and a copy was
19	provided to the facility representative.
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NAME OF LICENSING PROGRAM MANAGER: Nedra Brown NAME OF LICENSING PROGRAM ANALYST: Amy Goldenberg

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/02/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/02/2021

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