

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 347003712

Report Date: 11/16/2020

Date Signed: 11/16/2020 03:12:06 PM

Document Has Been Signed on 11/16/2020 03:12 PM - **It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 2525 NATOMAS PARK DR. STE.270 SACRAMENTO, CA 95833
FACILITY EVALUATION REPORT	

FACILITY NAME:	BROOKDALE CITRUS HEIGHTS	FACILITY NUMBER:	347003712
ADMINISTRATOR:	SCARBERRY, JENNIFER	FACILITY TYPE:	740
ADDRESS:	7375 STOCK RANCH RD	TELEPHONE:	(916) 729-2722
CITY:	CITRUS HEIGHTS	STATE: CA	ZIP CODE: 95621
CAPACITY:	56	CENSUS: 27	DATE: 11/16/2020
TYPE OF VISIT:	Case Management - Legal/Non-compliance	UNANNOUNCED	TIME BEGAN: 03:00 PM
MET WITH:	Jennifer Scarberry, Administrator	TIME COMPLETED:	03:20 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Bethany Huusfeldt conducted a case management visit to the facility
2	on today's date for the purpose of delivering an Order To Individual of Immediate Exclusion from all
3	facilities and the Order to Licensee/Facility of Immediate Exclusion From Facility. LPA met with
4	Administrator, Jennifer Scarberry and explained the purpose of today's visit. Staff member 1(S1) is
5	excluded as a result not related to this facility.
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7	LPA Huusfeldt handed the Order to Licensee/Facility of Immediate Exclusion From Facility letter to
8	Jennifer Scarberry and explained that S1 is not allowed back at the facility.
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10	A copy of this report was provided to Administrator
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NAME OF LICENSING PROGRAM MANAGER: Troy Ordonez

NAME OF LICENSING PROGRAM ANALYST: Bethany Huusfeldt

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 11/16/2020

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 11/16/2020

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