

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 347005467  
Report Date: 04/15/2021  
Date Signed: 04/15/2021 11:46:18 AM

Document Has Been Signed on 04/15/2021 11:46 AM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 520 COHASSET RD., STE. 170 CHICO, CA 95926
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: BROOKDALE FOLSOM	FACILITY NUMBER: 347005467
ADMINISTRATOR: ED SILVA	FACILITY TYPE: 740
ADDRESS: 780 HARRINGTON WAY	TELEPHONE: (916) 983-9300
CITY: FOLSOM	STATE: CA
CAPACITY: 130	ZIP CODE: 95630
TYPE OF VISIT: Case Management - Incident	CENSUS: 78
MET WITH: Kristine Clawson (Admin)	DATE: 04/15/2021
	UNANNOUNCED TIME BEGAN: 10:30 AM
	TIME COMPLETED: 11:00 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Konnor Leitzell contacted Kristine Clawson to conduct a case
2	management visit regarding a Death Report (LIC 624A) Community Care Licensing (CCL) received on
3	04/10/2021. LPA conducted case management via telephone due to COVID-19 Precautionary
4	measures. LPA explained the purpose of the visit.
5	
6	The facility notified CCL on 04/10/2020 that R1 was found unresponsive by staff on 04/04/2019. Facility
7	called 9-1-1 and family once R1 was found to have no vitals; the Paramedics pronounced R1's cause of
8	death as Cardiac Arrest. Facility notified R1's MD and RP immediately.
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10	During today's call, LPA requested the following documents for R1: Admission Agreement, Care Plan,
11	Charting Notes and LIC602. LPA has also requested Staff Roster and schedule for 4/4-4/10. LPA is
12	requesting documents to be submitted to CCL by COB 4/16/2021.
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14	No deficiencies are being cited as a result of today's case management.
15	Exit interview conducted and copy of report to be sent to admin via email.
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Troy Ordonez <b>NAME OF LICENSING PROGRAM ANALYST:</b> Konnor Leitzell
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**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 04/15/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 04/15/2021

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