

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 361881034
Report Date: 02/28/2023
Date Signed: 02/28/2023 02:01:37 PM

Unsubstantiated

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 , CA 92507
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **02/23/2023** and conducted by Evaluator Bernadette Allen

	COMPLAINT CONTROL NUMBER: 56-AS-20230223163022
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FACILITY NAME: BROOKDALE LOMA LINDA	FACILITY NUMBER: 361881034
ADMINISTRATOR: LUJAN, MARITZA	FACILITY TYPE: 740
ADDRESS: 25585 VAN LEUVEN STREET	TELEPHONE: (909) 796-5421
CITY: LOMA LINDA	STATE: CA ZIP CODE: 92354
CAPACITY: 220	CENSUS: 104 DATE: 02/28/2023
MET WITH: Maritza Lujan- Adminstrator	UNANNOUNCED TIME BEGAN: 11:40 AM
	TIME COMPLETED: 02:15 PM

ALLEGATION(S):

1	Facility freezer is in disrepair.
2	Staff not washing hands.
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Bernadette Allen an conducted an unannounced visit to initiate and
2	deliver findings for the allegations above. LPA met with Maritza Lujan and disclosed the nature of the
3	alleged allegations.
4	
5	#1 Allegation- Facility Freezer is in disrepair- LPA investigation consisted of interviews with eight (8) staff
6	members who stated that the refrigerators and freezers have been in working condition and has not been
7	out of order. Maritza Lujan also provided documents pertaining to maintenance service/repair which was
8	last conducted back in August 2022. LPA toured the kitchen, walk-in freezer (Temp -4), and walk-in
9	refrigerator(Temp 32 degrees) and they are in working condition.
10	
11	#2 Allegation- LPA investigation consisted of interviews with eight (8) staff members who stated staff
12	members are required to wash their hands while working in the kitchen/dining area and that they have
13	not noticed other staff members not washing their hands.

Unsubstantiated

Estimated Days of Completion:

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Bernadette Allen
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/28/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/28/2023

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

LIC9099 (FAS) - (06/04)

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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1650 SPRUCE ST STE 200
MS29-27
, CA 92507

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: BROOKDALE LOMA LINDA

FACILITY NUMBER: 361881034

VISIT DATE: 02/28/2023

NARRATIVE

1 LPA also obtained current training documents for the month of February 2023 that show staff members
2 are aware of their dietary and dining services requirements. During the investigation LPA also observed
3 that staff members were continuously washing their hands.
4
5 Based on observations, interviews, and documentation the above finding is Unsubstantiated. A finding of
6 unsubstantiated means although the allegations may have happened or is valid, there is not a
7 preponderance of evidence to prove the alleged violation did or did not occur.
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LICENSING PROGRAM ANALYST SIGNATURE:

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