

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 361881034
Report Date: 12/17/2020
Date Signed: 12/17/2020 10:14:25 AM

Document Has Been Signed on 12/17/2020 10:14 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, 744 P STREET, MS 8-3-91 SACRAMENTO, CA 95814	
FACILITY EVALUATION REPORT			
FACILITY NAME:	BROOKDALE LOMA LINDA	FACILITY NUMBER:	361881034
ADMINISTRATOR:	ADAMS, LUCINDA	FACILITY TYPE:	740
ADDRESS:	25585 VAN LEUVEN STREET	TELEPHONE:	(909) 796-5421
CITY:	LOMA LINDA	STATE:	CA
CAPACITY:	220	ZIP CODE:	92354
TYPE OF VISIT:	Office	CENSUS:	125
MET WITH:	Lucinda Adams	ANNOUNCED:	ANNOUNCED
		DATE:	12/17/2020
		TIME BEGAN:	09:58 AM
		TIME COMPLETED:	10:14 AM

NARRATIVE	
1	Facility Type: Residential Care Facility for the Elderly
2	Application Type: Change of ownership
3	Applicant/administrator participated in COMP II via call with analyst at CAB.
4	Identification of the applicant and administrator was verified. During COMP II,
5	applicant and administrator confirmed the understanding of Title 22. Component II
6	was successfully completed. Applicant and administrator were advised to email/fax
7	signed LIC 809 with copy of photo ID to CAB.
8	During COMP II, CAB analyst confirmed Applicant/administrator's understanding of
9	following areas:
10	1.Facility operation: License type, client/resident populations, and program
11	2.Staff qualifications and responsibilities
12	3.Applicant and Administrator qualifications
13	4.Program policy: Abuse, admission agreement, medication management, reporting
14	incidents to CCL, restricted & prohibited conditions
15	5.Grievances, Complaints, Community resources
16	6.Physical plant, food service
17	7.Application document review and technical assistance: Criminal record clearance,
18	Health screening, Fire clearance, First Aid/CPR certificate, Administrator certificate,
19	Financial verification, Pre-licensing inspection, Compliance history, Control of
20	property
21	
22	
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24	
25	

NAME OF LICENSING PROGRAM MANAGER: Jude De La Concepcion
NAME OF LICENSING PROGRAM ANALYST: Bethany Hunter

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/17/2020

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/17/2020

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