

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366402583
Report Date: 08/23/2021
Date Signed: 08/23/2021 10:27:40 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 NORTH EUCLID	FACILITY NUMBER: 366402583
ADMINISTRATOR: LISA TO	FACILITY TYPE: 740
ADDRESS: 1031 N EUCLID AVE	TELEPHONE: (909) 391-2622
CITY: ONTARIO	STATE: CA
CAPACITY: 140	ZIP CODE: 91762
TYPE OF VISIT: Required - 1 Year	CENSUS: 69
MET WITH: Sales Manager, Mechelle Alona	DATE: 08/23/2021
	UNANNOUNCED TIME BEGAN: 09:22 AM
	TIME COMPLETED: 10:27 AM

NARRATIVE	
1	Licensing Program Analyst's (LPA) Elecia Weathersby made an unannounced visit to the facility. The
2	purpose of the visit was to conduct a required annual inspection, with an emphasis on infection control
3	due to the COVID-19 pandemic. LPA Weathersby arrived and was greeted and granted entry by the
4	Sales Manager, Mechelle Alona. The administrator confirmed that there are currently no
5	cases/exposures of COVID-19 in the facility.
6	
7	During the inspection, LPA Weathersby conducted a brief tour of the facility and made observations
8	pertaining to the facility's infection control measures. The facility was also equipped with sufficient hand
9	hygiene supplies, sufficient cleaning/disinfecting provisions, and a 30+ day supply of Personal Protective
10	Equipment (PPE). LPA Weathersby also observed that all staff members were properly fitted with face
11	coverings. The facility has a designated infection control lead person who has been tasked with tracking
12	all COVID-19 cases and/or suspected cases, ensuring PPE supplies are maintained, cleaning and
13	disinfection provisions are in adequate quantities, and that staff are trained in the proper use and
14	disposal of PPE. The facility has a plan in place which follows Community Care Licensing Division
15	guidelines for COVID-19 testing, isolating/quarantining clients, and properly caring for clients with
16	COVID-19 positive results and/or exposures. The facility also has a plan in place to monitor residents
17	regularly for any changes in condition and to subsequently notify the resident's physician and
18	emergency personnel in the event the client presents any COVID-19 symptoms.
19	
20	LPA Weathersby observed no health and safety concerns at the time of visit. Based on observations
21	made during today's inspection, no deficiencies were cited per Title 22, Division 6, of the California Code
22	or Regulations. An exit interview was conducted where this report was discussed, and a copy of this
23	report was also provided to Sales Manager, Mechelle Alona at the conclusion of the inspection.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Elecia Weathersby

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/23/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/23/2021

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