

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 366426055  
Report Date: 06/10/2021  
Date Signed: 06/10/2021 11:23:26 AM

Document Has Been Signed on 06/10/2021 11:23 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, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: BRIGHTWATER SENIOR LIVING OF HIGHLAND (DBA)	FACILITY NUMBER: 366426055
ADMINISTRATOR: MARGUERITE CROCKEM	FACILITY TYPE: 740
ADDRESS: 28807 BASELINE STREET	TELEPHONE: (909) 742-7353
CITY: HIGHLAND	STATE: CA
CAPACITY: 115	ZIP CODE: 92346
TYPE OF VISIT: Required - 1 Year	CENSUS: 67
MET WITH: Marguerite Crockem	DATE: 06/10/2021
	UNANNOUNCED TIME BEGAN: 10:10 AM
	TIME COMPLETED: 11:45 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Pauline Beschorner arrived at the facility on June 10, 2021 at 10:20
2	AM to conduct an Annual/Required Visit. Upon LPA arrival, LPA's temperature was checked at the front
3	desk and LPA signed a COVID questionnaire. LPA met with Executive Director Marguerite Crockem.
4	Crockem accompanied LPA on a tour of the inside and outside of the facility and the following was
5	observed:
6	
7	All staff are wearing a surgical mask while working at the facility. LPA observed the dining area to have 2
8	chairs at each table. Each meal is served in phases. The first phase is served at a specific time on one
9	side of the dining room and the second phase is served on the opposite side of the dining room at a
10	different time. This allows each side to be disinfected after each use. Residents can choose to eat in
11	their room and a tray of food will be taken to their room.
12	
13	LPA observed the outside entertainment area to have table and chairs with umbrellas for protection of
14	the residents. All entertainment is being provided outside at this time. Chairs are brought out and placed
15	six feet from each other. All residents wear face masks during entertainment and a piece of plexi glass is
16	placed between the residents and the entertainer.
17	Crockem stated she oversees the infection control procedures and trains all staff and residents on
18	COVID prevention. LPA observed the facility has at least a 30-day supply of PPE and all infection
19	control procedures are being followed.
20	
21	An exit interview was conducted and a copy of this report was provided to Executive Director Marguerite
22	Crockem. No citations or technical violations are being issued at this time.
23	
24	
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Karen Clemons <b>NAME OF LICENSING PROGRAM ANALYST:</b> Pauline Beschorner
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**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 06/10/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 06/10/2021

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