

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 374601952
Report Date: 05/22/2019
Date Signed: 10/05/2021 12:02:34 PM

Document Has Been Signed on 10/05/2021 12:02 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
FACILITY EVALUATION REPORT	

FACILITY NAME: BROOKDALE OCEANSIDE	FACILITY NUMBER: 374601952
ADMINISTRATOR: ECKERT, LAURA	FACILITY TYPE: 740
ADDRESS: 3524 LAKE BLVD	TELEPHONE: (760) 945-1811
CITY: OCEANSIDE	STATE: CA
CAPACITY: 186	ZIP CODE: 92056
TYPE OF VISIT: Case Management - Incident	CENSUS: 89
MET WITH: Laura Eckert, Administrator	DATE: 05/22/2019
	UNANNOUNCED TIME BEGAN: 10:10 AM
	TIME COMPLETED: 11:25 AM

NARRATIVE	
1	This is an amended report, dated 10/5/21. The original report was created on
2	5/22/19.
3	
4	Licensing Program Analyst (LPA), Jonathan Pineda made an unannounced visit to
5	conduct a case management visit regarding an unusual incident report submitted to
6	CCL on 5/7/19 by the licensee. LPA identified himself and was granted entry into the
7	facility by Laura Eckert, Administrator
8	
9	
10	It was reported that on May 8, 2019, resident (R1) was found lying on his back on
11	the floor next to his bed. Resident was evaluated and sent to Tri City Medical Center
12	by ambulance where R1 was diagnosed with a hip fracture. Based on observation,
13	interviews, and record review, LPA did not observe any culpability.
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15	
16	No deficiencies were cited during today's visit.
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18	
19	This report was discussed and a copy along with Licensee Rights (01/16) was
20	provided to Laura Eckert.
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Rebecca Hedgecock
NAME OF LICENSING PROGRAM ANALYST: Denise Powell

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/22/2019

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/22/2019

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