

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 392701057

Report Date: 07/27/2021

Date Signed: 07/27/2021 12:22:27 PM

Document Has Been Signed on 07/27/2021 12:22 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, 2525 NATOMAS PARK DR. STE.270 SACRAMENTO, CA 95833
<b>FACILITY EVALUATION REPORT</b>	
FACILITY NAME: OAKMONT OF BROOKSIDE	FACILITY NUMBER: 392701057
ADMINISTRATOR: HOLGUIN, PATRICIA	FACILITY TYPE: 740
ADDRESS: 3318 BROOKSIDE ROAD	TELEPHONE: (209) 473-1300
CITY: STOCKTON	STATE: CA ZIP CODE: 95219
CAPACITY: 81	CENSUS: 68 DATE: 07/27/2021
TYPE OF VISIT: Prelicensing	UNANNOUNCED TIME BEGAN: 09:58 AM
MET WITH: P. Holguin	TIME COMPLETED: 12:00 PM
<b>NARRATIVE</b>	
1	Licensing Program Analyst (LPA) Albert Johnson arrived and met with Administrator/
2	Executive Director, who assisted in conducting this inspection.
3	
4	LPA toured Physical Plant, Food Service, Common Areas, Bedrooms, Bathrooms, Kitchen
5	and Medication Storage. Fire extinguisher is current and First Aid fully stocked. Kitchen was
6	clean and good repair. Facility is prepared to provide (7) seven days of non-perishable and
7	(2) two days of perishable food required for emergency shelter in place supplies through food
8	stocks. Bedrooms are one bedroom or two bedroom design. Rooms inspected have
9	appropriate items and are in good repair. Water temperatures in bedrooms were measured at
10	108.7 and 106.9 degrees Fahrenheit in two different locations.
11	
12	LPA observed medication rooms where centrally stored medications and toxins will be kept,
13	refrigerators, cabinets, and medication carts are locked as well. The medication room doors
14	lock and are inaccessible to residents.
15	
16	Facility will accept total capacity of 77 non-ambulatory elderly residents; in which 4 may be
17	bedridden. Memory care unit was observed in this facility to be clean, safe, and secured. All
18	common areas appear to be free from hazards, clean and in good repair. The Department has
19	received the fire clearance dated 5/24/2021.
20	
21	During this visit, this facility is in substantial compliance and meets the minimum
22	requirements for a RCFE license. Component III completed.
23	
24	
25	Exit interview held with Executive Director and a copy of this report was given at the
	conclusion of the visit. Application is pending further review.

**NAME OF LICENSING PROGRAM MANAGER:** Stephenie Doub

**NAME OF LICENSING PROGRAM ANALYST:** Albert Johnson

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/27/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/27/2021

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