

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 445294156
Report Date: 08/25/2021
Date Signed: 08/25/2021 03:46:59 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 2580 N. FIRST STREET, STE. 350 SAN JOSE, CA 95131
FACILITY EVALUATION REPORT	

FACILITY NAME: BROOKDALE SCOTTS VALLEY	FACILITY NUMBER: 445294156
ADMINISTRATOR: EDWARDS, ANTONETTE	FACILITY TYPE: 740
ADDRESS: 100 LOCKWOOD LN	TELEPHONE: (831) 438-7533
CITY: SCOTTS VALLEY	STATE: CA
CAPACITY: 220	ZIP CODE: 95066
TYPE OF VISIT: Required - 1 Year	CENSUS: 134
MET WITH: Nicole Bacon	DATE: 08/25/2021
	UNANNOUNCED TIME BEGAN: 12:33 PM
	TIME COMPLETED: 03:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Ryker Heberle conducted an unannounced annual inspection today
2	and met with Executive Director (ED) Nicole Bacon.
3	
4	LPA entered the facility through designated central point of entry and was screened by staff. LPA
5	observed staff screen visitors and residents. COVID-19 postings were observed in the hallways and
6	common areas. Staff, residents in common areas, and visitors were observed to be wearing face
7	coverings. Hand sanitizers, soap, and paper supplies were observed to be available. At least 30 days'
8	supply of personal protective equipment (PPE) were available in the premises.
9	
10	LPA toured the facility with Maintenance Director Junior Zavala. LPA toured 2 dining rooms,
11	maintenance room, library, activities office, kitchen, theater, bingo room, 2 facility courtyards, and 10
12	resident bedrooms. Temperature observed between 71°F and 85° F. Facility water temperature
13	measured between 113.7°F and 119.6°F.
14	
15	Per Administrator, the facility is currently accepting visitors inside the facility, including residents'
16	bedrooms. The facility has reached a 76.9% and 54.6% COVID-19 vaccination rate for residents and
17	staff respectively. Facility has resumed surveillance testing for staff weekly. The facility's weekly activity
18	schedule was reviewed and included exercises, craft classes, games, and musical activities. The
19	facility's COVID-19 mitigation plan has been reviewed and is still in place.
20	
21	
22	No deficiencies were cited. Exit interview conducted with Administrator and a copy of this report was
23	provided during visit.
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Sarah Yip
NAME OF LICENSING PROGRAM ANALYST: Ryker Heberle

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/25/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/25/2021

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