

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 496803339

Report Date: 01/14/2026

Date Signed: 01/14/2026 02:48:03 PM

Document Has Been Signed on 01/14/2026 02:48 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, 1450 NEOTOMAS AVENUE, STE. 100 SANTA ROSA, CA 95405
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: BROOKDALE PAULIN CREEK	FACILITY NUMBER: 496803339
ADMINISTRATOR/BRENNER, JEFFREY	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 2375 RANGE AVE	TELEPHONE: (707) 575-3722
CITY: SANTA ROSA	STATE: CA
CAPACITY: 100	ZIP CODE: 95403
TYPE OF VISIT: Required - 1 Year	CENSUS: 71
	DATE: 01/14/2026
	UNANNOUNCED TIME VISIT/INSPECTION
	BEGAN: 09:02 AM
MET WITH: Jeffrey Brenner (Executive Director/Administrator)	TIME VISIT/INSPECTION
	COMPLETED: 03:10 PM

### NARRATIVE

1 Licensing Program Analyst (LPA) Cuadra arrived unannounced to conduct a  
2 Required 1 Year visit and met with Executive Director (ED), Jeff Brenner. Facility has  
3 an approved dementia care plan. There are currently 42 residents in Assisted Living  
4 area and 29 residents in Memory Care Unit for a total of 71 residents in care. There  
5 are eight residents receiving hospice care services within the approved hospice  
6 waiver. Required postings were observed. Annual fees are current.  
7  
8  
9 LPA/ED toured the facility which included an inspection of assisted living and  
10 memory care, all common areas, hallways, and bathrooms observed had sufficient  
11 lighting. During the walk through of the two story building including assisted living  
12 and memory care, LPA/ED noticed that garbage cans located in resident's  
13 bathrooms do not have lids, LPA had a conversation with ED regarding the  
14 importance of providing garbage cans with well-fit covers (technical advisory issued).  
15 There is a home health room located in the assisted living area. Residents rooms  
16 are furnished per regulation.  
17  
18  
19  
20 LPA/ED observed the memory care unit is on a delayed egress system, which it was  
21 approved in their fire clearance. The memory care area has outdoor entrance that  
22 has a door bell that it is accessible to families who gets access to the building  
23 through them. There are evacuation chairs located at each stair. The elevators were  
24 last inspected on 3/28/25. The facility was a comfortable temperature. Passageways  
25 were free of obstructions. Cleaning products are in locked closets or on supervised  
and/or locked carts. Facility has a sufficient supply of cleaners, hygiene items and

paper products. Multiple first aid kits were observed. A call button is located in each bathroom, LPA tested the call system in resident's rooms and staff response time was under two minutes. Continued on LIC 809-C...

**NAME OF LICENSING PROGRAM MANAGER:** Bethany Moellers

**NAME OF LICENSING PROGRAM ANALYST:** Marisol Cuadra

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 01/14/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 01/14/2026

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

**LIC809 (FAS) - (06/04)**

California Health & Human Services Agency

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California Department of Social Services

**FACILITY EVALUATION REPORT** California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

**DEFICIENCIES** A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

**PLANS OF CORRECTION (POCs)** The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

**CORRECTION NOTIFICATION** The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

**CIVIL PENALTIES** The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

**PENALTY NOTICE GIVEN** The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

**APPEAL RIGHTS** The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

**AGENCY REVIEW** The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

**EMAIL REQUIREMENT** Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p><b>FACILITY EVALUATION REPORT (Cont)</b></p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES          COMMUNITY CARE LICENSING DIVISION          CCLD Regional Office, 1450 NEOTOMAS AVENUE,          STE. 100          SANTA ROSA, CA 95405</p>
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**FACILITY NAME:** BROOKDALE PAULIN CREEK

**FACILITY NUMBER:** 496803339

**VISIT DATE:** 01/14/2026

**NARRATIVE**

1 Continued from LIC809...

2 LPA/ED toured the kitchen area located adjacent to the building located in the

3 independent living building. A tour and inspection of the kitchens and dining areas

4 were found to be clean and sanitary. The kitchen was observed to have a sufficient

5 supply of perishable and non-perishable food. Refrigerators and freezers were at

6 required temperatures. Prepared and left over foods were covered and labeled.

7 Menu includes a wide variety of foods from all of the food groups. A board in the

8 kitchen has written instructions for residents with food allergies and restricted diets.

9 All medications and toxins/cleaners were all locked and inaccessible to residents in

10 care. The facility has emergency supplies, including food and water to meet

11 requirements of the 72-hour shelter in place. During the tour, residents were

12 observed participating in group activities in common areas. There are activities

13 written on a board specified for both assisted living and memory care engagement.

14 The last fire drill was conducted December 2025. The facility completes

15 fire/emergency drills monthly. The fire alarm and sprinkler system was last inspected

16 September 2025. Fire extinguishers were observed to be last charged on 11/2025.

17 Facility's smoke and carbon monoxide detectors and sprinkler system were last

18 inspected September 2025. Water temperatures measured at between 109.2 and

19 113.4 degrees (F) which is within acceptable range of 105 to 120 degrees F.

20 Bathrooms have non-skid surfaces and grab bars at the toilet and shower areas.

21 - At 10:51 AM, LPA conducted a file review of ten staff and ten residents. Residents

22 receiving hospice services had a care plan that appears to be accurate to services

23 being provided. All residents' care plans seems to have a person-centered approach

24 and they are updated. Medical assessments are current and included a description

25 of any known behavioral expression. All staff have current 1st aid/CPR certificates

26 updated and required training hours complete. Jeff Brenner, administrator certificate

27 6068069740 expires on 1/17/2026. A records check found that documentation has

28 been submitted and certificate is pending. Medications and medication records were

29 reviewed.

30 ED agrees to submit updated documents by 1/30/26: (LIC500) Personnel Report &

31 Liability Insurance.

32

No deficiencies cited today. Exit interview conducted with ED and copy of report was given.

**NAME OF LICENSING PROGRAM MANAGER:** Bethany Moellers

**NAME OF LICENSING PROGRAM ANALYST:** Marisol Cuadra

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 01/14/2026

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 01/14/2026