

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 496803339
Report Date: 02/16/2022
Date Signed: 02/16/2022 05:11:50 PM

Document Has Been Signed on 02/16/2022 05:11 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
FACILITY EVALUATION REPORT	

FACILITY NAME: BROOKDALE PAULIN CREEK	FACILITY NUMBER: 496803339
ADMINISTRATOR: ALVARADO, ROBERT	FACILITY TYPE: 740
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: DATE: 02/16/2022
MET WITH: Robert Alvarado-Administrator	UNANNOUNCED TIME BEGAN: 12:40 PM
	TIME COMPLETED: 03:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) conducted a required 1 Year inspection on 2/16/22 at approximately
2	12:40pm; LPA met with Administrator Robert Alvarado. The inspection is focused on the infection control
3	procedures and practices of this facility.
4	
5	Facility has an approved dementia plan of operation. There is an approved hospice waiver for ten (10)
6	residents. Mitigation plan was reviewed by the Department on 3/1/21. Fire clearance is approved for
7	120 nonambulatory, which includes 20 bedridden. Fire clearance also approves delayed egress. Fire
8	extinguishers, eighteen (18) of them, were tagged and inspected as required-1/25/22. All visitors,
9	essential visitors, and staff are screened upon entry into the facility, in the front lobby. All screenings are
10	logged. Facility building was found to be clean, orderly, and at a comfortable temperature with all exits
11	free from obstruction. Facility has a sufficient supply of personal protective equipment(PPE) in both the
12	assisted living, and memory care areas. Residents have masks available to them for their use if needed
13	and/or wanted.
14	
15	Administrator stated that staff wear masks at all times in the facility, and also when providing care
16	services to the residents in and out of the facility. Administrator and staff observed by the LPA all had a
17	mask on during the inspection.
18	No deficiencies found in the areas inspected.
19	No citations issued.
20	Exit interview conducted with the Administrator.
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Hope DeBenedetti NAME OF LICENSING PROGRAM ANALYST: Dina Alviso

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/16/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/16/2022

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