

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 075601257

Report Date: 03/19/2026

Date Signed: 03/19/2026 01:22:16 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION OAKLAND ASC, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME:	BROOKDALE DANVILLE	FACILITY NUMBER:	075601257
ADMINISTRATOR/TRUONG, TERESA HONG PHUC DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	400 W EL PINTADO RD	TELEPHONE:	(925) 838-3020
CITY:	DANVILLE	STATE: CA	ZIP CODE: 94506
CAPACITY:	42	CENSUS: 18	DATE: 03/19/2026
TYPE OF VISIT:	Case Management - Other	UNANNOUNCED TIME VISIT/ INSPECTION	BEGAN: 09:30 AM
MET WITH:	Executive Director, Cecily Palma	TIME VISIT/ INSPECTION	COMPLETED: 01:30 PM

NARRATIVE

1 On 3/19/2026 Licensing Program Analyst (LPA) A Gomez arrived unannounced to conduct a case
2 management visit. LPA met with Resident Care Coordinator, Christine Montemayor and explained the
3 purpose of the visit. Executive Director, Cecily Palma was notified and arrived at approximately 11:20am
4
5 On 10/3/2025 LPA A Gomez conducted a case management visit as a result of a self reported
6 incident. During the visit on 10/3/2025 LPA observed residents room floors dirty and bathrooms unclean
7 with dry fecal matter on the toilet in room 11. Operations Specialist stated that they are actively looking
8 for a new maintenance and house keeping. LPA also observed that there were not enough caregivers on shift.
9 On 10/3/2025 there were 3 caregivers available, five out of twenty-three residents require a two person
10 assist, facility states they were also hiring more care staff. LPA also observed facility common area/
11 activities area furniture (ie chairs and couches) in disrepair and damaged. LPA stated that they would
12 return at a later date to cite for deficiencies observed and will now cite on today's date. LPA also
13 observed on today's date dried blood on wall in room 18 and that common area chairs/sofas are in
14 disrepair by being peeled/split on the cushions as well as the arm rests being soiled.
15
16 **The following deficiencies were observed (see LIC 809D) and cited from the California Code of
17 Regulations, Title 22 and/or Health and Safety Code Failure to correct deficiencies by POC date
18 may result in additional Civil Penalties.**
19
20
21 Exit interview conducted. Appeal Rights and a copy of this report provided.
22
23
24
25

NAME OF LICENSING PROGRAM MANAGER: Yvonne Flores-Larios

NAME OF LICENSING PROGRAM ANALYST: Alona Gomez

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 03/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 03/19/2026

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

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.

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Created By: Alona Gomez On 03/19/2026 at 11:25 AM
Link to Parent Document Below:

<p>STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY</p> <p>FACILITY EVALUATION REPORT (Cont)</p>	<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612</p>
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FACILITY NAME: BROOKDALE DANVILLE

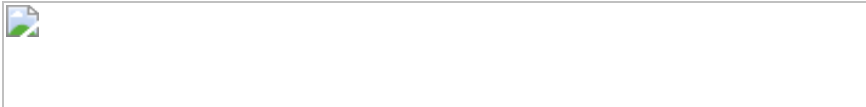
FACILITY NUMBER: 075601257

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/19/2026

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
<p>Type B 03/26/2026 Section Cited CCR 87470(a)(2)(A)</p>	<p>1 (a) A licensee shall ensure that infection control...as follows:(2) Environmental 2 cleaning...at a minimum, as follows: 3 (A)Surfaces ... visibly soiled 4 with...potentially infectious material. 5 6 This requirement was not met as 7 evidence by:</p>	<p>1 By POC Facility agrees to provide an 2 service to all staff and notify CCLD 3 4 5 6 7</p>
	<p>8 Based on LPAs observations the facility 9 did not disinfect the visibly soiled 10 surface in room 11. LPA observed that 11 the surface had dried feces, dried blood 12 on wall next to bed, and floors were 13 unsanitary which posed a potential 14 health and personal rights risk to residents in care.</p>	
<p>Type B 03/26/2026 Section Cited CCR87411(a)</p>	<p>1 (a) Facility personnel shall at all times 2 be sufficient in numbers...The licensing 3 agency may require any facility to 4 provide additional staff whenever it 5 determines through documentation that 6 the needs of the particular residents, 7 the extent of services provided, or the physical arrangements of the facility require such additional staff for the provision of adequate services. This requirement was not met as evidence by:</p>	<p>1 By POC facility agrees to submit staff 2 schedules and proof of trainings of 3 other staff available to provide care if 4 necessary. LPA will asses if staff 5 available is sufficient and follow up with 6 facility. 7</p>
	<p>8 Based on LPAs observations and 9 record review facility care staff numbers 10 is not suffient to meet the residents 11 needs because on 10/3/2025 5 out of 12 23 residents require a two person assist 13 and three caregivers and one medtech 14 were on shift which posed a potential personal rights risk to residents in care.</p>	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM Yvonne Flores-Larios
MANAGER:
NAME OF LICENSING PROGRAM Alona Gomez
ANALYST:
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 03/19/2026

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 03/19/2026

Created By: Alona Gomez On 03/19/2026 at 12:13 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/26/2026 Section Cited CCR 87307(d)(2)	1 (d) The following...shall apply to all 2 facilities:(2) The premises shall be 3 maintained in a state of good repair... 4 5 This requirment is not met as evidence 6 by: 7	1 By POC Facility will make a plan for 2 repairs to furniture or relace and notify 3 CCLD. 4 5 6 7
	8 Based on observation the facility did not 9 maintain the furniture in a state of good 10 repair by activities area sofas ripping at 11 seams and exposing nails that pointed 12 up which posed a potential safety and 13 personal rights risk to residents in care. 14	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM Yvonne Flores-Larios
MANAGER:

NAME OF LICENSING PROGRAM

Alona Gomez

ANALYST:

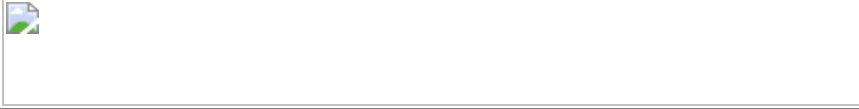
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