

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 075601257
Report Date: 07/27/2021
Date Signed: 07/27/2021 03:50:08 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, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: BROOKDALE DANVILLE	FACILITY NUMBER: 075601257
ADMINISTRATOR: GLENDA BERTUCCI	FACILITY TYPE: 740
ADDRESS: 400 W EL PINTADO RD	TELEPHONE: (925) 838-3020
CITY: DANVILLE	STATE: CA
CAPACITY: 42	ZIP CODE: 94506
TYPE OF VISIT: Required - 1 Year	CENSUS: 26
MET WITH: Glenda Bertucci, Executive Director	DATE: 07/27/2021
	UNANNOUNCED TIME BEGAN: 02:10 PM
	TIME COMPLETED: 04:10 PM

NARRATIVE	
1	On 7/27/2021 starting at 2:10pm, Licensing Program Analysts (LPAs) L. Francisco and L. Ibo arrived
2	unannounced to conduct infection control inspection. LPAs met with Executive Director, Glenda Bertucci
3	and explained the purpose of the visit.
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5	During the Infection Control Inspection, LPAs toured facility including but not limited to front entrance,
6	screening station, hand washing stations, common areas, and kitchen. Facility has a sufficient 2-day
7	perishable and one week non-perishable food supply. There is one central entry point for universal
8	screening for staff, residents and visitors. A sign-in policy, thermometer and hand sanitizer were
9	observed at screening station. Hand washing posters were observed. Facility staff were observed to be
10	wearing proper PPE. Facility has a 30-day supply of PPEs maintained at central location and easily
11	accessible for staff. Facility has a mitigation plan and maintains record of routine screening for residents
12	and staff.
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14	No deficiencies cited during visit. Exit interview conducted and a copy of this report provided.
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NAME OF LICENSING PROGRAM MANAGER: Harpreet Humpal NAME OF LICENSING PROGRAM ANALYST: Lizette Francisco
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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.